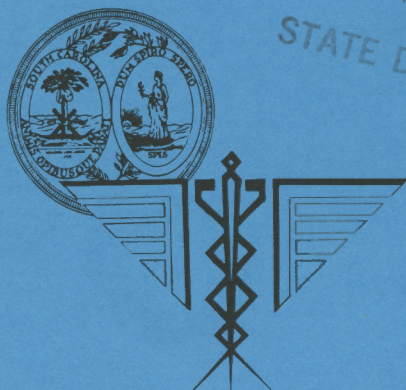


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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1981-82

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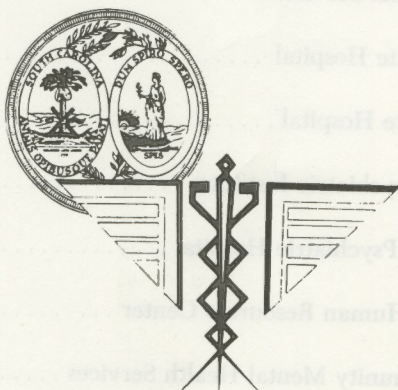


**Printed Under the Direction of the
State Budget and Control Board**

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SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
1981-82



Printed Under the Direction of the
State Budget and Control Board

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S. C. MENTAL HEALTH COMMISSION

(As of July 1, 1981)

C. M. TUCKER, JR., *Chairman*
Pageland

G. WERBER BRYAN
Sumter

BERNARD WARSHAW
Walterboro

WALTER H. SOLOMON
Charleston

E. A. HALL, JR.
Columbia

J. C. BULL, M.D.
Spartanburg

C. ALEX HARVIN, JR.
Summerton

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

(As of April, 1982)

C. M. TUCKER, JR., *Chairman*
Pageland

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Walterboro

ELAINE T. FREEMAN
Spartanburg

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JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

G. WERBER BRYAN
Commissioner Emeritus
Sumter

SCDMH EXECUTIVE STAFF

State Commissioner William S. Hall, M.D.

Assistant State Commissioner Racine D. Brown, Ph.D.

Assistant for Executive Affairs Larry W. Propes

Deputy Commissioner P. G. Reeves, Jr.
Administrative Services

Deputy Commissioner Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner Racine D. Brown, Ph.D.
Planned Systems Change

Superintendent Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Assoc. Dir. for Administration Leland M. Stone
William S. Hall Psychiatric Institute

Director Charles N. Still, M.D.
C. M. Tucker Jr. Human Resources Center

Administrator Charles T. Gatch
C. M. Tucker Jr. Human Resources Center

Director C. Edgar Spencer
Morris Village

Administrator Wayne Howell
Morris Village

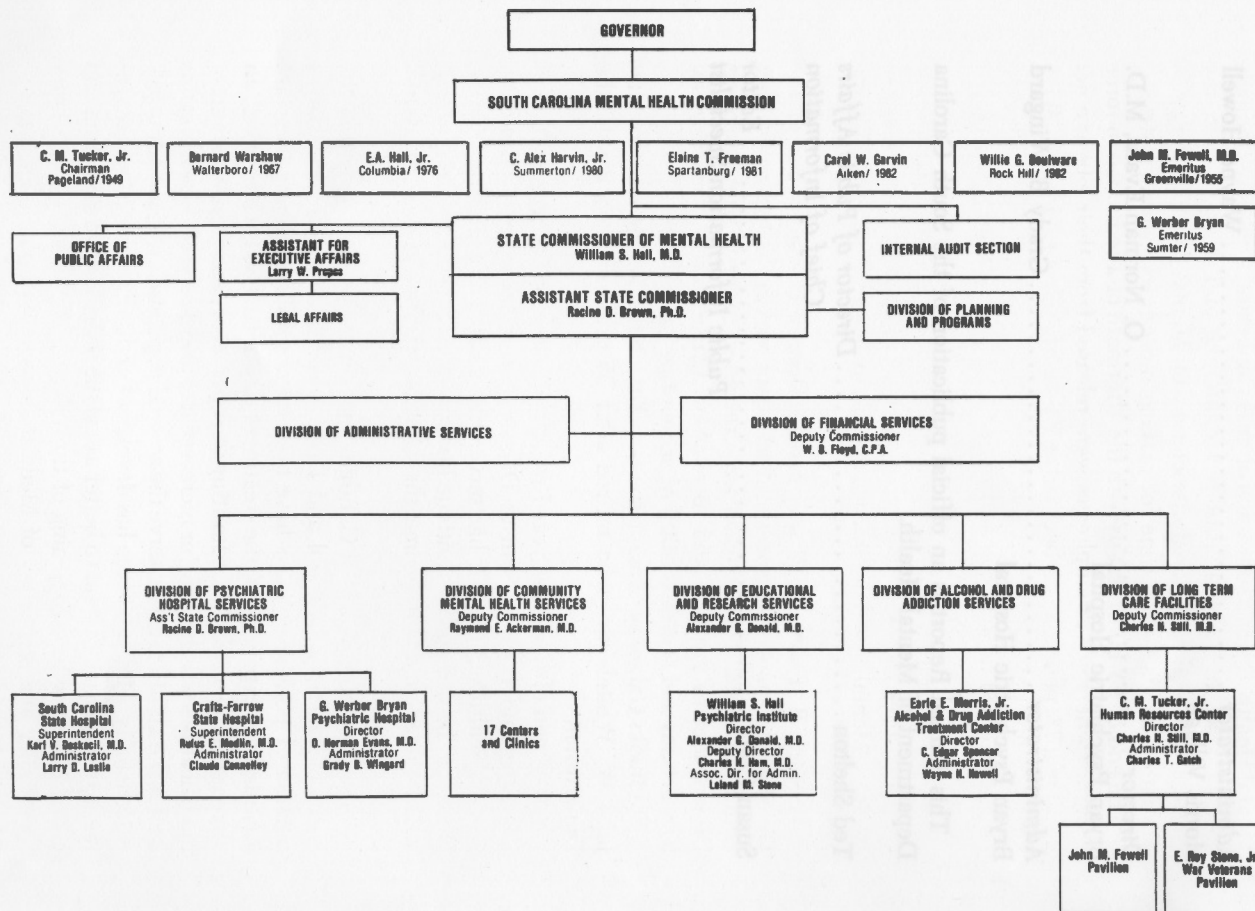
Director O. Norman Evans, M.D.
Bryan Psychiatric Hospital

Administrator Grady B. Wingard
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina
Department of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist



OFFICE OF THE STATE COMMISSIONER

Fiscal year 1981-82 was a turbulent one for the S. C. Department of Mental Health. It was a succession of peaks and valleys, accomplishments and setbacks. It was a time of belt-tightening and, I quote from my address before the National Association of Mental Health Clergy in Toronto, Canada, "... a time for making more bricks with less straw."

The end of FY 80-81 left us with the aftermath of a reduction in force program whereby 123 employees were released from their jobs as a net result of a 7% personnel cutback in the FY 81-82 appropriations bill. It is a credit to our employees that they accepted the challenge, took up the slack, increased their efforts and strived for the same quality of care for our patients.

The organizational changes within the Department continued smoothly after the creation of the position of Assistant State Commissioner of Mental Health, a key slot which was filled by Racine D. Brown, Ph.D.

William B. Floyd, CPA was named Deputy Commissioner of the Division of Financial Services and set about making necessary changes within that area. This Division was created in order to strengthen the Department as a whole and to establish firm controls over financial transactions and the credibility of accounting procedures.

R. Brooks Galloway became the new Director of Personnel, replacing John W. Whitehouse, who retired after 35 years of service with the Department.

At the end of this fiscal year I regretfully accepted the resignation of Dr. Raymond E. Ackerman as Deputy Commissioner of Community Mental Health Services. He had served in this capacity for fourteen years. However, he was able to continue his employment with the Department and changed roles to become the Director of the Tri-County Mental Health Center.

Since the appointment of C. Edgar Spencer as the new Director of the Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center a number of positive changes have been accomplished. Among these are included the expansion of the treatment day until 9:30 each evening, an increase in the number of admitting days per week, appropriate program modifications which allow for increased treatment services to residents, as well as the ability to better serve the general population who are admitted. Additionally, Morris Village has developed and implemented a Management Information System to better assess the utilization of staff time and energies, and with the opening of the Village's Word Processing Center the quality and efficiency of Medical Records documentation has improved markedly.

Also the administration of the Village is continuing to develop strategies to provide and improve quality treatment and rehabilitation ser-

vices to residents within the current fiscal limitations.

In December, 1981, Village B, the Department's second regional psychiatric hospital, was officially named the Patrick B. Harris Psychiatric Hospital. It was named after Patrick Bradley Harris, a member of the S. C. House of Representatives since 1969, from Anderson.

Rep. Harris assumed a prominent role in keeping the Village B project on track and has been a strong advocate in the legislature, insuring that the project was vigorously represented.

We have no tentative construction date for Harris Hospital as yet, but builders will submit bids on July 8, 1982, and a contract should be awarded within 60 days after that process is completed.

On April 19, 1982, the Joint Commission on Accreditation of Hospitals informed S. C. State Hospital that it had been granted one-year accreditation. This was a reversal of the nonaccreditation decision which was made in December, 1981. The decision was made upon the findings of an Appeal Interview conducted on February 10, 1982. The hospital will be resurveyed in the fall of 82 and must measure up to a full three-year accreditation or accreditation may be denied.

We also received the extremely good news that Crafts-Farrow State Hospital had received full, two-year accreditation and that the William S. Hall Psychiatric Institute had been fully accredited.

A Draft Executive Summary of the Department's 5-Year Plan was presented to interested citizens in four statewide public meetings in May, 1982. During the meetings participants were

- 1) given an overview of the Department
- 2) given a summary of the goals and objectives of the 5-Year Plan including six priority areas:
 - a. To reduce the number of long term patients in the psychiatric hospitals by 400 by the end of FY 1984
 - b. To reduce the monthly emergency admissions to state psychiatric hospitals by 20% by the end of FY 1984
 - c. To increase the units of volunteer services by 20% annually through FY 1987
 - d. To provide community based residential group treatment homes for 210 seriously emotionally handicapped children/adolescents by FY 1987
 - e. To have a staff person well-trained for work with the elderly within each community mental health center by the end of FY 1984
 - f. To provide prevention services to children of psychiatrically disabled parents on a statewide basis by FY 1987
- 3) informed of the strategies of implementing the Plan

- 4) given a chance to discuss these facts and issues with key SCDMH personnel

The Roddey Pavilion, named after the late Sen. Frank L. Roddey of Lancaster, is in the final stages of construction and should be completed by April 5, 1983. This facility, located on the campus of the C. M. Tucker Jr. Human Resources Center on Harden St., will have 300 beds and will provide long term intermediate nursing care under medical supervision for physical and psychiatric disabilities.

Through intra-departmental transfer patients needing long term intermediate nursing care who are quartered in other Department facilities will occupy this modern facility. Program planning is designed to provide total care, including facilities for physical therapy, occupational therapy, recreational therapy, speech and hearing therapy and music therapy. Programs in chaplaincy and social services will be available to provide counseling and personal assistance.

The Department is concentrating its efforts to focus attention upon services for youth. Along these lines the Mental Health Commission has agreed that a tremendous need exists for services, for care, treatment, and management of emotionally disturbed adolescents, who also exhibit aggressive and violent behavior. They have also agreed that the Department would develop a plan for submission to Sen. Heyward McDonald's Joint Legislative Committee to Study Problems of the Handicapped.

Also two homes were opened during the fiscal year, one for emotionally disturbed children — the 6-bed Piedmont Treatment Home for Adolescents which is located in Simpsonville and utilizes the teaching family concept — and one for autistic children — the 7-bed Pacolet House, located in Pacolet just outside of Spartanburg, which is a community treatment home service adolescents and adults 16 years of age and older.

OFFICE OF GENERAL COUNSEL

During the last year the Office of General Counsel provided legal advice to all echelons of Departmental administration, represented the Agency in administrative, judicial and quasi judicial proceedings throughout the State, collected approximately \$½ million by enforcing statutory liens and claims, drafted and monitored the progress of legislation affecting Mental Health and reviewed all Agency contracts.

Litigation was undertaken to enforce contractual obligations against suppliers and multi-faceted negotiations were undertaken concerning diverse issues involving the public and private sectors. In addition, grievances and employee/employer relations matters continued to require substantial expenditures of manpower. During the year, each facility and

division of the Department was assigned a specific attorney from the Office of General Counsel for purposes of continuity, increased interaction and efficiency.

In the patient rights area, counsel and assistance continued to be provided to patients and Departmental personnel on a variety of legal and ethical issues relating to rights. Limited counseling was provided to patients experiencing personal legal difficulties as well as referral to external resources. Liaison and assistance was provided to external advocacy organizations and others acting on behalf of patients with collaborative efforts in several instances. The Patient Rights Review Procedure is now being implemented in all facilities of the Department with Patient Rights Specialists reviewing and attempting resolution of patient rights related matters and with Facility Rights Committees and the Departmental Rights Committee reviewing appeal requests. The Patient Rights Review Procedure is currently under review with changes being made based upon experiences encountered during its brief period of implementation. The Patient Rights Manual serves as the Department's policy and procedure on issues relating to rights matters in an attempt to comply with existing legal and professional requirements. A current objective is to establish an effective monitoring mechanism for the Rights Manual. Education and orientation of patients and staff continues to be a significant effort both in this office and in the facilities. A sound and slide presentation for training purposes is nearing completion at Crafts-Farrow State Hospital similar to one in existence at S. C. State Hospital.

INTERNAL AUDIT SECTION

During the fiscal year 1981-82 the Internal Audit Section was comprised of the following positions: (1) Auditor II, and (1) Auditor I.

Annual audits were performed at the various seventeen Community Mental Health Centers, as well as, annual audits of the South Carolina State Hospital and Crafts-Farrow State Hospital pharmacies; Crafts-Farrow State Hospital, Morris Village and Bryan Psychiatric Hospital canteens. Payroll check distribution audits and petty cash audits were performed periodically throughout the department.

In addition to the above, audits were accomplished in the areas of Shortages of Funds at both the Post Office and Registrar's Office of South Carolina State Hospital, Fixed Asset Inventory Control, Payroll Check Forgery, Voucher Examinations, and Overpayments to Terminated Employees. There has been more emphasis placed upon operational audits this fiscal year. Additionally, a search for a Director of Agency Internal Audits, preferably a CPA, has commenced.

Additionally the Internal Audit Section was responsible for bank reconciliations and handling any Title XX audit exceptions.

OFFICE OF PUBLIC AFFAIRS

Despite a drastic reduction in the Public Affairs Office personnel from three to one — the secretary was RIF'd in May, 1981 and the Director retired in November, 1981 — the following work was accomplished, and projects and assignments were completed by the remaining Information Specialist II:

1. Published the SCDMH monthly newsletter, the REPORT. This included research for stories, composing articles, editing articles submitted, taking photographs, and layout and design, as well as coordination with the typesetters and the Print Shop.
2. Wrote and disseminated 19 news releases to the media
3. Coordinated Zoo Day for the Handicapped for the sponsors Mrs. Nancy and Sen. Strom Thurmond. This included design and layout of fliers and mailing of these fliers to participating agencies and interested persons.
4. Design, graphics and layout of the following:
 - a. A Spectrum of Aging Chart — for the MH Services for the Aging
 - b. Primary Prevention manual cover
 - c. Graphics for an Anderson-Oconee-Pickens MHC project
 - d. 1981 SCDMH Christmas Card
 - e. 1981 Outstanding Employee Certificates
 - f. Poster for Tri-County MHC's Employee Assistance Program
 - g. Zoo Day flier
 - h. SCSH Unit System
 - i. Friendship Center Calendar
 - j. Retirement drop-in invitations
5. Design, graphics, layout, copy and photographs for the following pamphlets:
 - a. CFSH workshop, "The Art of Staying Well"
 - b. CFSH workshop, "Public Forum on Reverence for Human Life"
 - c. Camp Logan
 - d. Spartanburg Area MHC "Stress Management Training"
 - e. Tucker Center "Geriatric Rehabilitation Unit"
 - f. Piedmont Treatment Home for Adolescents
6. Took slides for Dr. Charles Still's Teaching Nursing Home presentation
7. Handled requests by various civic, church and education groups for speakers
8. Handled requests for SCDMH information, brochures, pamphlets, and statistics
9. Coordinated, set-up, and manned exhibits for the following events:
 - a. Statewide Conference for School Nurses

- b. The 6th Annual Council on Child Abuse and Neglect
- c. Mental Health Association 1981 Annual Meeting
- d. Family Fest '82
- 10. Provided slides for the S.C. State Employees Assoc. booth at the State Fair
- 11. Researched and wrote articles for the following publications:
 - a. "Vintage," the S.C. Commission on Aging newsletter
 - b. Primary Prevention Paragraphs
- 12. Drafted resolutions for use by the S.C. Mental Health Commission
- 13. Handled media coverage for SCDMH special events
- 14. Read daily six major newspapers and clipped articles pertaining to SCDMH
- 15. Kept photograph, negative, slide, and employee biographical data files
- 16. Kept extensive files on publications, letters, materials, laws, information of historical interest, and special events pertaining to the Department
- 17. Chaired the SCDMH Outstanding Employee Selection Committee for 1982
- 18. Established and chaired the SCDMH committee for the S.C. State Documents Depository Act
- 19. Compiled, edited and prepared for publication the SCDMH Annual Report 1980-81

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

The Assistant State Commissioner assumes responsibilities requiring the widest latitude of independent action and initiative; the principal duties being to assist the State Commissioner in the planning and direction of all programs, both administrative and professional, in the operation of the Department.

In accord with the reorganization of the Department, the Assistant State Commissioner was assigned direct supervision for the following:

- Division of Psychiatric Hospital Services
- Deputy Commissioner of Administrative Services
- Deputy Commissioner of Financial Services
- Deputy Commissioner of Community Mental Health Services
- Deputy Commissioner of Educational and Research Services
- Deputy Commissioner of Long Term Care Facilities
- Director of Division of Alcohol & Drug Addiction Services

A new 5-Year State Plan originated in this office, beginning the first of the fiscal year. Although no longer mandated by Federal Law, the Department plans to continue the publication of a 5-Year Plan; also to

retain the State Plan Advisory Council, which has been extremely helpful to the Department in the past.

In conjunction with the State Commissioner of Mental Health, many major changes have been effected during this time. They are spelled out in detail in the Commissioner's Report and the reports from the facilities of the Department.

DIVISION OF PLANS AND PROGRAM SERVICES

The Division is currently responsible for the following functional areas:

- Budget Analysis and Planning
- Program Review and Analysis
- Program Planning
- Grants and Contracts Management
- Certificate of Need Coordination
- Statistics
- Aging Services Coordination
- Youth Services Coordination
- Primary Prevention Coordination
- Volunteer Services Coordination

The activities associated with the foregoing functional areas are reported in the narratives of the Divisional sub-sections which follow.

The Division of Plans and Program Services is under the direct supervision of the Assistant State Commissioner of Mental Health.

BUDGET SECTION

As a result of the state's gloomy economic forecast for FY81, the Budget and Control Board ordered state agencies to reduce their Personal Services budgets by 7%. For Mental Health, this reduction amounted to \$4.5 million and resulted in the loss of 223 positions. Of these positions, approximately 65 employees were terminated as part of a Reduction-In-Force implementation. Numerous other employees were adversely affected through the "bumping" process. The reduction was also compounded by declining Federal and Local funding in the Community Mental Health centers, as well as a steady increase in admissions to the central facilities.

A significant budget issue which affected FY82 funding centered on the use of the Department of Mental Health's Paying Patients Account which previously had been earmarked for permanent improvement projects. This fund was raided by the State for \$3.8 million to balance the overall State Budget. In addition, approximately \$3.7 million was programmed directly into the Mental Health Budget in order to maintain

current level of operations. Funding of the Court Screening Program was also terminated for FY82.

In December, 1981, the Budget and Control Board ordered a further reduction of State Appropriations by 2.19%. This reduction amounted to \$1.7 million for the Department of Mental Health. A freeze in employment, travel and equipment expenditures was successful in altering spending patterns to accommodate this reduction.

During FY82, the Department of Mental Health submitted its FY83 Budget Request for State Appropriations of \$90,180,196. Of this amount \$82,691,543 was approved by the Legislature representing virtually no increase from FY82.

Office of State Plans and Grants Development

During 1981-82 the Planning Section continued with the responsibility of developing and/or revising Memoranda of Agreements (MOA's) with other agencies both State and Federal. The C.O.N. program still has one application which is in the final stage of completion.

The following programs are currently in process: Outpatient Community Mental Health Services Quality Assurance Standards, Medicaid Contract for Clinic Services Option program which has recently been revised to include both core and optional services and the reimbursement rate is now commensurate with the private sector rates; negotiations are still in the process with the Department of HUD for housing for the chronically mentally ill; and the Patient Needs Assessment (level of care) has been completed at both SCSH and CFSH.

During the year the Planning Section has been and still is actively involved in the deinstitutionalization process. The focus of the involvement is centered around the Community Support programs via the Department CSP Task Force. In addition, the Planning Section has made a concerted effort to become more involved in Congressional action especially as it relates to Mental Health programs and the termination of psychiatrically disabled individuals from the SSDI/SSI roles.

The Grants Review Board received and reviewed forty (40) Grants or Research Projects.

Statistics and Research

The section operates and maintains the Hospital Patient Statistical System and the CMHS Client/Staff Information System. From these two systems the section produces routine monthly, quarterly, and yearly reports for various users in the Department. Within the past year the section processed over 130 special data requests. The majority of these requests were filled by special handling of data within the two systems. In addition the section completed 10 special projects within the last year. The projects ranged from a needs assessment study to a community

resources project. The section has always been involved in program evaluation for CMHS. Within the next year the section will greatly expand its involvement with quality assurance for CMHS.

Mental Health Services for the Aging

Recommendations to this office from staff in a variety of professional settings throughout the State are reflected in the current programs. Some are experimental, others are direct service interventions, and others are long range in scope. Legislative issues, training assistance for personnel and families caring for the elderly and leadership in mental health activities primarily for the mentally impaired elderly in our institutions, in our community mental health centers and in the community match the goals of this office. Programs selected for implementation emphasize the basic premise of this office: working with the elderly's functional abilities while treating the individual's mental and physical dysfunction.

In the Community Mental Health Centers

- A six-hour training package in the basic concepts of mental health services for the elderly was taken to each CMHC. The training package was warmly received by Center staff. Center training coordinators were encouraged to invite outside agency staff to the training and for some Centers, the interface was a new and positive experience; for others, it reenforced a good practice. The evaluation returns from these training periods indicated a need for further training in new skills. In the Fall, four regional meetings will address the use of the physical assessment check list and how to give the new mental health status tests.
- Most of the Center staff requested material delineating service practices which would improve current mental health services to their elderly clients. Preparing a document for statewide distribution is a coordinated effort by department clinicians, psychiatrists and this office.
- This office participates with other department committees in planning a smooth transition of hospital patients into the community.

In The Community

- Requests for lectures, consultations, participation on outside agency committees and Boards, training for staff outside of this department have doubled in the last year and have been rendered.
- This Office is actively involved with other State agencies in the implementation of the new statewide Community Long Term Care Program.
- Group of caregivers (families caring for the elderly at home) was originally developed as one component in a hospital discharge

experimental design. The groups were created along with a slide and tape show, *Elderly Care At Home*, to help families receiving discharged relatives from Crafts-Farrow. Faculty from the College of Nursing and staff from the CAMHC became the facilitators to the groups. In time, the facilitators organized themselves into a Committee calling itself F.A.R.E. (friends and relatives of the elderly), which is active and effectively reaching many caregivers.

In The Hospital

The benefits of bringing the old and young people together in the nursing home setting has been documented, however, this has not been done in the large institutions and with mentally unwell people. Children with moderate to severe mental retardation from Midland Center and the elderly from Crafts-Farrow with a diagnosis of paranoid schizophrenia were grouped in 16 activity periods of 1-½ hours each. The professional facilitators from both state agencies brought enthusiastic upbeat personalities to the project which were major factors in its successful implementation. Continuous support and encouragement by C-F staff provided critical stability to the new effort and uniquely contributed to its success. Positive evaluations by staff from both agencies warrant expansion of this program.

- On December 2, 1982, at Crafts-Farrow, a workshop titled *Geriatric Medicine: Today's Growing Practice* will be offered to physicians practicing in the community and Medical Continuing Education credits will be offered. This is a coordinated effort by the Columbia USC Medical School, several pharmaceutical companies, and the Crafts-Farrow staff.
- Interfacing with the Goodman Correctional Institution resulted in their sending selected client population as volunteer nurses' aides to C-F elderly patients whose psycho-social environment indicated the need for additional individual attention. There are encouraging results reported by the professional staff from both agencies so that this program will be reviewed in the Fall for possible expansion.

Office of Youth Services

The mandate of this Office includes program development, coordination between Department youth programs as well as the Department's collaboration with other agencies and groups, monitoring significant national developments, and to develop and articulate a current Department youth plan. Implementation this year has included public advocacy activities (e.g. S.C. Mental Health Association), response to State Legislative and Executive requests of the Department; Convenor of the SCDMH C&Y Council (a ready task force on children's issues for the Department); interagency projects (e.g. the Mentally Ill/Mentally Retarded Citizen); C&Y training; conflict and problem resolution in service delivery; State

Plan development and response meetings; representation on various boards, councils and committees related to children. Of special interest has been the Department's new State Plan priority of community treatment homes, as an alternative to state hospitalization, in association with community mental health centers, operated by a local non-profit corporation board. The first opened this year in Simpsonville. The SCDMH State Plan calls for 210 beds by 1987, with at least one in each CMHC catchment area, as an important component in a continuity of care for children. Leadership is being provided in the development of a State Plan for severely emotionally disturbed children stressing a no-reject no-eject policy, with continuity of care, local and least restrictive placement, mandating provision of services by relevant agencies. Response to judicial, advocacy, and rights of children have been active issues requiring Department response. Information available from this Office includes: SCDMH C&Y Directory; Current Action and Activities (re Severely Emotionally Disturbed Children; Gov. Children's Coordination Cabinet EH Incentive; Continuum of Mental Health Services for Children 1977; Prevention and Treatment Issues for Children; Autistic Services; Young Adult Program, Substance Abuse Residential Treatment; etc.

OFFICE OF PREVENTION

During the past year austerity has limited the availability of prevention services throughout the Department, and especially in Mental Health Centers and Clinics. Funds for family planning services, previously available through a contract with the Department of Health and Environmental Control but since cancelled by the Federal Government, forced discontinuance of organized family planning services in the Department.

Prevention activities have been focused in several primary areas. These include:

- Genetic consultation
- Parenting education
- Stress management
- Wellness — health promotion
- Public media
- Information and education pamphlets
- Sexual abuse
- Nutrition

Currently the Department is continuing active liaison and cooperative efforts with other agencies and organizations through the South Carolina Primary Prevention Council. Three grants, one for three years and two terminal for FY 1983, have been awarded for a total of 137 thousand dollars. These grants allow the Columbia Area Mental Health Center, the

Greenville Mental Health Center and the Tri-County Mental Health Center's Cheraw Office to provide prevention services to the children of their institutionalized patients.

OFFICE OF VOLUNTEER SERVICES

During FY 81-82 the Office of Volunteer Services continued to encourage the use of volunteers and community resources and to provide consultation and training for staff in volunteer program management.

A volunteer report form was designed and implemented in December 1981 to provide a record of the number of volunteers and the hours worked. This information is reported from each facility and mental health center to the Office of Volunteer Services monthly. During the seven months this form has been in use, an average of 630 volunteers per month have contributed a total of 20,845 hours.

Using the \$6.50 per hour wage rate recommended by VOLUNTEER (National Center for Citizen Involvement), Department of Mental Health volunteer hours are valued at \$135,492.50 for the first seven months.

In September, the South Carolina Department of Mental Health and the Mental Health Association in South Carolina co-sponsored a two-day workshop for volunteers and staff. Approximately 100 participants received and shared information on current volunteer programs and needs as well as ideas for planning to meet future needs of the mentally ill. A second workshop is planned for this fiscal year.

Recognition is a vital part of a successful volunteer program and this office provided materials and suggestions to volunteer coordinators for National Volunteer Week.

Working with the Governor's Council on Volunteerism, this office has assisted with the development of policies and procedures for volunteer programs to insure consistency and uniformity within state agencies.

DEPARTMENT OF ARCHIVES AND HISTORY

The Department of Archives and History continued to be visited by hundreds of local, state and out of state personnel interested in the unusual beauty of the facility and the wealth of available information.

There were numerous inquiries referable to family data in the hospital records, many bringing forth often unusual situations. Department of South Carolina Mental Health personnel, medical staff and others from throughout South Carolina and elsewhere came for information and indepth research, several remaining for a week to study records. Many inquiries came by mail. Notices in travel publications resulted in inquiries and out of state visitors.

The regular tours and orientation for hospital inservice educational training groups will be resumed when there is relief from the personnel

crisis. Other groups and individuals from the S. C. Department of Mental Health came for similar visits and information. The Consultant-Director interpreted the history and progressive care for the mentally ill in South Carolina, and explained the many meaningful portraits, maps, beautiful antique furniture, etc. Especially stressed to hospital personnel were the progress in mental health care; the privileges, importance of each one's position, and opportunities afforded in efficiently caring for the patients entrusted to them.

Several committees and groups within the official framework and from the city met in the Archives.

South Carolina was the second state in the nation to officially authorize and finance a hospital for the mentally ill by Act 2269 of the S. C. General Assembly on December 20, 1821. The first such officially authorized mental hospital was in 1773 at Williamsburg, Virginia.

The Mills Building (originally the S. C. Lunatic Asylum) with the corner stone laid on July 22, 1822, was declared ready for patients December 18, 1827. The first patient, a young white woman from Barnwell District, South Carolina, was admitted December 12, 1828.

The Mills Building is the oldest state mental hospital in the nation in continuous use. Unoccupied by patients since 1937 this has for many years been a multiple purpose facility.

Among the treasures are two plaques from the United States Department of the Interior stating that the Department of Archives and History and the Mills Building were entered on the National Register of Historic Places under the provisions of the National Historic Preservation Act of 1966 for historic significance.

Many portraits and photographs are meaningful — Act 2269, December 20, 1821 and other Acts when name of hospital was changed in 1896 and 1920 — Robert Mills, internationally known South Carolina architect, and copies of his designs for the Lunatic Asylum (Mills Building) — two legislative founders, 1821, Colonel Samuel Farrow of Spartanburg, known as the Father of the Asylum, and Major William Craft of Charleston — Dr. John Waring Parker, the first medical superintendent — all the medical superintendents of the S. C. State Hospital — and others of importance.

There are four stained glass windows and the ancient chandelier from the 1884 chapel located in the now-termed Babcock Building.

The Mills Building represents a remarkable period in South Carolina history. The beautiful vaulted ceilings, graceful, steep, curved stairs, spiral stairs from the second to fifth floor, different size windows on each floor, split levels, various sizes, shapes and colors of handmade brick on the outer walls, the FIRST roof gardens, all are an imposing, enduring monument to the creative genius and humanitarianism of Robert Mills.

Visitors and personnel are encouraged to view this unusual and lovely

Mills Building and the Department of Archives and History located in the East wing, ground level.

DIVISION OF ADMINISTRATIVE SERVICES

FORMS CONTROL SECTION

The Forms Control Branch manages in excess of 1700 numbered forms for use within the SCDMH and 17 centers and clinics over the state.

The Unit generates forms, publications and makes revisions in existing forms as a service to the department.

To enhance productivity and efficiency, in February 1982, we obtained a new piece of equipment, a memory unit. The new unit is compatible with the present piece of equipment for composition, the Comp Set 500.

ENGINEERING AND PLANNING SECTION

The Engineering and Planning Section is assigned the responsibility of the planning, design and implementation of capital improvement projects and the coordinating of all construction to meet the program needs for the Department of Mental Health, as it relates to new or renovated facilities.

This past year the Engineering and Planning Section has been involved with the following projects:

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH:

1. Patrick B. Harris Psychiatric Hospital (formerly Village "B"): The construction documents have been reviewed and the project has been advertised for proposals from qualified and interested general contractors for the construction of this facility. The bids are to be received on July 8, 1982. If bids should come within the budget, construction should begin within 60 to 90 days with appropriate approval by the Mental Health Commission, the Budget and Control Board and the Legislature Bond Review Committee.
2. The Range Hoods Extinguishing Systems has been completed.
3. Compliance with Federal Handicap Law — Section 504: The project application has been approved by the Budget and Control Board.

C. M. TUCKER, JR., HUMAN RESOURCES CENTER:

1. Frank L. Roddy Pavilion: The construction is proceeding slightly ahead of the contractor's schedule. The adjusted contract completion date is April 3, 1983 and with continued success, the contractor should complete the project ahead of this time.

2. Reroofing of the C. M. Tucker, Jr., Human Resources Center: The plans have been completed, bids received, contract awarded and construction substantially completed.

CENTER FOR ORIENTATION FOR INDEPENDENT LIVING (COIL):

1. The reroofing of the Lever Hall project has been approved by the Budget and Control Board. Plans have been completed and bids were received June 30, 1982.
2. Fire Damaged Apartment A301: The project has been approved by the Budget and Control Board, the contract has been awarded and construction is substantially complete.
3. Fire Damage Apartment A201 and A303: Bid documents have been completed and are now being reviewed by the regulatory agencies.

CRAFTS-FARROW STATE HOSPITAL:

1. Smoke and/or Fire Dampers: The contract documents have been completed, bids received, contract awarded and is substantially completed.
2. Reroofing of the McLendon Clinical Center: The project has been approved by the Budget and Control Board and this Section is now developing bid documents.
3. 88 Bed Unit: Funds for the Schematic Design have been approved by the Budget and Control Board.

EARLE E. MORRIS, JR., ALCOHOL AND DRUG ADDICTION TREATMENT CENTER:

1. Fire Lane: A request has been received for the facility for the assistance in developing emergency access lane for the Fire Department use. Request has been made to the Budget and Control Board State Engineer's office to use funds from the Village Energy Facility project.

SOUTH CAROLINA STATE HOSPITAL:

1. Reroofing of Four Ward Buildings (Allan, Cooper, Preston and Saunders): This project has been completed. Some leaks have been reported and efforts exerted for correction.
2. Central Energy Facility: The contract has been awarded for the construction of this facility which will serve the downtown campus. The project is progressing in a favorable fashion. At the present time, it is slightly behind the contractor's projected schedule. The contract completion date is May 21, 1983.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE:

1. Transformer Replacement: This project has been approved. Bid documents are being prepared at the present time.
2. Reroofing and Renewal: This project has been approved by the Budget and Control Board. The development of the contract documents will follow the completion of the development of documents for the McLendon Clinical Center at Crafts-Farrow State Hospital.

In addition to the capital improvement projects stated above, this Section has assisted the departmental facilities with providing information, consultation, and other assistance that has been requested from this Section. Some examples are as follows:

1. Obtaining State Engineer and Fire Marshal's acceptance with existing smoke compartmentalization and lack of smoke compartmentalization in the cottages of the William S. Hall Psychiatric Institute.
2. Assisting the S. C. State Hospital in the power outage at the Byrnes Clinical Center.
3. Assisting the S. C. State Hospital in developing a panic alarm system for professional staff.
4. Assisting Crafts-Farrow State Hospital with transformer replacement.

This Section has also assisted the Licensing Section in reviewing plans and specifications for private facilities to house psychiatric and community residence. Some of these reviews are as follows:

1. Southern Pine Psychiatric Hospital
2. Chestnut Hill
3. Fenwick Hall Clinical Service Bldg.
4. Maple Manor
5. Three Rivers Psychiatric Hospital
6. Community Home

PRINT SHOP

The Print Shop, a departmental service component, provides the department and all facilities with printed materials and forms.

The types of printing varies from internal forms to stationery, directories, manuals, information brochures, publications, etc.

Production statistics for the year are as follows: 3,548 job orders recorded, of which 3,599 originals and 7,999,628 impressions were printed on offset presses, and there were 28,799 originals and 1,948,493 copies reproduced on a xerographic duplicator.

DEPARTMENTAL SERVICE OPERATIONS

Report covers the following organizational entities:

Upholstery	25000
Consumable Inventory Accounting	25000
Fixed Assets Accounting	25000
Warehouse	25000

1. *Upholstery:*

The Upholstery Shop is a one man operation and handles primarily emergency requests for furniture repair and covers pillows and mattresses for the various Mental Health Facilities. Bulk upholstery repairs are sent to the Department of Corrections. The S.C.D.M.H. Upholstery Shop charges only for the cost of material and supplies. No labor is charged. For FY 81-82 the total charges made from this account were \$15,215.27.

2. *Consumable Inventory Accounting:*

During FY 81-82 the Department obtained from U.S.D.A. twenty Food Commodities with a value of \$421,860.26. Also, Pads Sanitary Maxi were donated with a quantity of 60,009 pads with a dollar value of \$4,200.63, bringing the total of donated commodities to \$426,060.89. Also, stock purchases valued at \$5,710,819.34 were received and issues totaling \$6,212,492.86 were made. These receipts and issues were in addition to the value of the donated commodities.

March 17, 1982 inventory of Store 6:

Items in stock — 1,369	
Dollar value of inventory	\$ 252,935.43
Adjustment minus	8,515.45
Adjustment plus	15,907.99
Net plus	7,392.54
Net adjustment equals 2.92% of the total dollar value of the inventory.	

May 19, 1982 inventory of Store 7:

Items in stock — 1,211	
Dollar value of inventory	\$ 84,804.54
Adjustment minus	3,251.43
Adjustment plus	3,288.24
Net plus	36.81

Net adjustment equals .04% of the total dollar value of the inventory.

3. *Fixed Assets Accounting:*

Disposal of salvage departmental property and scrap during FY 81-82 netted the Department \$36,316.16 as shown below:

a. Cans, drums, rags, scrap, etc.	\$ 16,162.00
b. Beef and ham fat and bones	2,123.23
c. Vehicles, etc. (through State Surplus)	18,031.00
Physical inventories of nine major Control Points, seventeen Centers and Clinics with forty-four satellite offices and four Autistic Children Schools were made.	

4. *Warehouse:*

During this period, two inventories were conducted of the warehouse with results as follows:

Items in stock — 776

Dollar value of inventory	\$ 886,017.529
Adjustments minus	1,298.255
Adjustments plus	2,709.360
Net plus	1,411.105
Net adjustment of .16% plus for 10-28-81.	

Inventory of April 28, 1982:

Items in stock — 751

Dollar value of inventory	\$1,106,294.385
Adjustments minus	3,080.564
Adjustments plus	2,851.240
Net minus	229.324
Net adjustment of .02% for 4-28-82.	

LICENSING SECTION

Presently there are 138 facilities licensed by this section. This number consists of the following:

Community Homes	52	(577 beds)
Veterans Homes	14	(126 beds)
Children's Facilities	5	(212 beds)
Outpatient Facilities	41	(0 beds)
Halfway Houses	16	(175 beds)
Detoxification Centers	9	(147 beds)
Psychiatric Hospitals	1	(102 beds)
TOTALS	138	(1,339 beds)

A new surge of requests for licensure is surfacing in the Licensing Section. This is partially due to deinstitutionalization efforts at S. C. State Hospital and Crafts-Farrow State Hospital. Within the next two years, efforts will be made to move some 200 patients from each hospital to home communities. This massive effort will require a minimum of 40 new community care homes to accommodate that number of residents.

Another influence on the growth of applications for license is children's homes which are presently unlicensed in the state. Standards for children's residential treatment facilities are now being formulated and will be published in the coming year.

Because of a number of DSS homes which house more Mental Health residents than DSS residents, home operators are requesting licensure by this section in order to receive support services from this section and the Community Mental Health Centers.

Much work on planning for future licensing demands is being done in cooperation with the CSP Task Force. A focus of attention is provided to various disciplines throughout the Task Force on "Levels of Care" needed to enhance deinstitutionalization. This work is expected to continue through the next year.

Presently there are 29 new applications for licensure in the inspection stage and will be finalized by September 30, 1982.

PERSONNEL

The Departmental Personnel Office is charged with the responsibility to administer and coordinate the overall Personnel function of the Department of Mental Health. All federal and state regulations are reviewed and departmental directives are constantly monitored and updated to assure that all policies and procedures are in compliance.

In March the Departmental Personnel Office assumed the personnel administrative functions, i.e., employment, classification-compensation, records maintenance, employee relations, etc., for the Division of Community Mental Health Services. This change results in all personnel functions currently being handled through one central office.

The Departmental Personnel Office is divided into the following operational areas:

- Employment
- Classification-Compensation
- Benefits and Services
- Employee Relations

The following reports provide summarized information on the activities in each of these operational areas.

Employment Activities

During the fiscal year 1981-82, Personnel Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Personnel Employment Operations' efforts in the Nurse recruiting area included twelve trips to ten different schools of Nursing in South Carolina and Georgia. During the fiscal year 1981-82 a total of 167 R.N.'s and L.P.N.'s were employed by the Department representing an increase of 43% over last year. Also the Department was represented at the S. C. Student Nurses Association Annual Meeting in Charleston and the Georgia Association of Student Nurses Annual Convention in Savannah.

Personnel Employment Operations conducted a total of 7,268 interviews resulting in the employment of 512 people. In addition, 488 certificates of eligibles were requested from the Interagency Merit System for Community Mental Health Services.

On August 18, 1981, the Department began the Job Line Service, an automatic telephone answering system with a recorded announcement of all job vacancies available 24 hours per day, seven days a week. Through the end of the fiscal year, the job line answered 16,063 calls. The system of posting the vacancy list in the facilities and in the weekly bulletins was continued. This along with the job line has allowed many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Personnel Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N.'s, consisting of weekly advertisements in the local papers and national advertisements for specialty positions.

	<i>Initial</i>	<i>Follow-Up and Referrals</i>	<i>Processing</i>	<i>Total</i>
July	633	400	46	1,079
August	486	511	99	996
September	378	322	113	913
October	328	197	46	571
November	339	231	44	614
December	130	82	15	227
January	247	125	35	407
February	277	88	13	378
March	278	111	23	412
April	205	194	10	409
May	351	101	29	481
June	519	223	39	781
TOTAL	4,171	2,585	512	7,268

Personnel Services and Records Activities

In January of 1982, service emblems were awarded to those employees who had reached the 10, 20, or 30 year service milestones during the 1981 calendar year.

In the Division of Administrative Services, eight ten-year emblems, one twenty-year emblem, and one thirty-year emblem were awarded for 1981.

A total of 959 employees terminated from employment during the fiscal year 1981-1982. The annual rate of turnover, based on an average of 5,197 employees, was 18.45%. This represents a 0.16% decrease in turnover. The re-employment status, based on the reasons for Separation from Employment during Fiscal Year 1981-82 is shown in Chart I.

CHART I

A total of 959 employees terminated from employment during Fiscal Year 1981-82.

A. Would Rehire Employee	498
B. Might Not Rehire Employee	113
C. Would Not Rehire Employee	230
D. Other	118
a. Deceased	7
b. Retired	86
c. Retired for Disability	<u>25</u>
TOTAL	118

Personnel Actions involving employee changes totaled 1,446 as follows:

Promotion	193
Reassignment	196
Transfer	80
Demotion	15
Leave Without Pay	208
Change in Name	90
Salary Adjustment	01
Extension of Probationary Period	08
Reclassification	286
Position Status Change	26
Reinstatement	03
Return from Leave Without Pay	170
Change in Hours	73
Amended Actions	33
Pay Grade Reallocations	08

Funds Adjustment	27
Dual Employment	07
Social Security Number Change	01
Miscellaneous	21
TOTAL	1,446

A total of 2,677 insurance applications were processed during the fiscal year. A breakdown is as follows:

Pilot Life Group Insurance

New Enrollments	12
Revisions	206
Cancellations	6
TOTAL	224

Blue Cross-Blue Shield Hospitalization

New Enrollments	997
Revisions	402
Cancellations	1,054
TOTAL	2,453

Classification/Compensation

During fiscal year 1981-82, nine different studies were conducted by the Personnel Office in conjunction with the Operations Unit of the State Personnel Division. These studies involved 44 different classifications. Included in these studies was a review of nursing salaries that resulted in upward paygrade reallocations for the majority of our licensed nursing classifications.

Seven classifications at the William S. Hall Psychiatric Institute competed in a reduction-in-force, involving twelve employees. Two of those employees were terminated, one was able to fill a vacancy at the Hall Institute, and another one was transferred to a vacancy within the S. C. Department of Mental Health.

The state merit increase program was continued. During fiscal year 1981-82, employees eligible for merit increases were again allowed three percent for satisfactory performance, four percent for superior performance, and five percent for outstanding performance. Additionally, the longevity program was continued. Classified employees who were at the maximum of their paygrade and had not received a salary increase for the past twenty-four months, other than general increases, were eligible for a five percent longevity increase (see chart).

MERIT INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Satisfactory</i>	<i>Superior</i>	<i>Outstanding</i>	<i>Total Number of Increases Per Facility</i>
DOAS	11	83	55	149
SCSH	276	632	214	1,122
CFSH	651	479	86	1,216
CMTHRC	39	106	55	200
MV	20	54	64	133
WSHPI	15	71	35	121
BPH	81	200	77	358
	Total 1,093	Total 1,625	Total 586	Total 3,299

LONGEVITY INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Total Number of Increases Per Facility</i>
DOAS	12
SCSH	37
CFSH	15
CMTHRC	0
MV	3
WSHPI	8
BPH	1

Employee Relations

The departmental Employee Relations Manager held 242 individual counseling sessions which involved 83 employees. In addition to individual counseling, there were several meetings with supervisors and other facility officials.

The departmental Employee Relations Manager held monthly meetings with the Facility Personnel Representatives to discuss new and/or changes to existing departmental and state policies; fund raising campaigns sanctioned by the Department; specific individual facility employee relations problem areas and mutual employee relations functions. Occasionally, representatives from other sections of the departmental Personnel Office were invited to these meetings to impart knowledge on current issues within their areas of expertise. Since the inception of these meetings, they have been rotated from one facility to another each month in order that each Facility Personnel Representative might gain some insight of some of the activities that take place within the Department outside their own facility.

During the fiscal year, there were sixty-two step one, forty-one step two and twenty-six step three grievances held within the Department. There were two step three decisions that were appealed to and heard by the State Employee Grievance Committee, six that are pending and one step three

decision was appealed to the State Employee Grievance Committee wherein a hearing was denied. There was one step three decision that was appealed to the State Employee Grievance Committee and was resolved by negotiated settlement without a hearing.

During the fiscal year, employees of the Department filed six complaints with the S. C. Human Affairs Commission, six with the U. S. Equal Employment Opportunity Commission and two with the S. C. Department of Labor. The filing of these complaints necessitated the compilation of enormous amounts of data and generated several meetings with these agencies.

The SCDMH conducted the annual United Way Campaign during the months of September and October, 1981. A goal of \$30,997.00 was assigned to the Department (6.5% more than the amount contributed last year). A total of \$27,194.70 was contributed during the campaign for 87.73% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April and May, 1982. Employees of the Department contributed a total of \$2,922.86. This amount is approximately \$8,000.00 less than last year's contributions. The reason being, is that the required minimum of 200 payroll deduction authorization cards were not received; which is necessary in order to accept payroll deduction contributions. Consequently, all of this year's contributions represent cash contributions.

The SCDMH conducted its Human Endeavor Campaign during the months of September and October, 1981. This was the first time for the Department to become involved in this campaign. Employees of the Department contributed a total of \$840.00 in cash contributions. Since the required minimum of 200 payroll deduction authorization cards were not received, payroll deduction contributions were not accepted.

Staff Development Program

This year marks the ninth year of operation for the SCDMH Office of Staff Development. The program began in 1972 with 9 workshops for 140 participants and has grown until this year there were over 116 programs for over 2,600 staff dealing with a wide spectrum of subjects of value to employees and the Department. In its first decade Staff Development has earned a reputation for high-quality, low-cost training which we think is unequaled anywhere in the nation.

Staff Development publishes a *Workshop Bulletin* for the spring and fall of each year outlining a schedule of training events covering topics which are important to staff of every discipline in the Department. Emphasis is placed on training with Department-wide implications which will improve patient care by providing staff with new information and skills relevant to their jobs.

Several ongoing training programs are assisting the Department in meeting the standards of policy, accreditation, or law. Some of these programs are: "Cardiopulmonary Resuscitation," "First Aid," "The Prevention and Management of Aggression Behavior," "Goal Planning and Treatment Planning," and the Licensed Practical Nursing program and the Associate Degree in Nursing program through which the shortage of nurses is being addressed.

Special Programs initiated this year include a series of "Executive Briefings" in which leaders in government and business are invited to address the top management of the Department on topics of vital interest. A similar series has been initiated for professional secretaries, an often overlooked group. In addition, Relaxation Training through biofeedback is now being offered to executives and staff in high stress jobs or with stress related health problems. This program has untold potential for the Department and the individuals involved.

Staff Development sponsored a special program with broad implications for the future using the vehicle of a "Teleconference," connecting agency staff across the state with a program in Columbia, thus delivering the training with very little travel time or expense incurred.

We have also initiated a series of Evening Seminars which are offered to employees on their own time. These programs are an expression of the Department's concern for its employees as whole persons and are an opportunity to make available information not usually provided in the regular, job related program of workshops. The wide variety of topics are made possible by the donated time of the community members who lead them.

There are three examples of a growing trend toward interagency cooperation in training in which the Department has been represented. In January SCDMH, SCDSS, and SCCADA sponsored a training program on treating spouse abusers which has led to the formation of one of only three volunteer service groups in the nation working on this problem. There is also ongoing participation in an Interagency Training Consortium and participation in the development of a Certificate of Gerontology for professional and support staff working with the elderly.

This extensive program would not be possible without relying heavily on Department staff who are willing to share their expertise with their colleagues in addition to their regular work load. This group of employees is an invaluable resourcer to this program and the Department. With this in mind, Staff Development held a special workshop for trainers designed to build on and strengthen their leadership skills.

The major thrust for the coming year for Staff Development is to further develop its potential to respond to the priorities of the Department as evidenced by: (1) assessed needs of staff, (2) program priorities, (3) feedback from the Personnel Division, (4) Quality Assurance and ac-

creditation requirements, and (5) SCDMH and state government priorities and policy development.

Records Management

Paper work continues to be required in greater volumes than ever to meet standards for quality patient care. Patient records, financial and administrative records are being maintained for longer periods of time in hard copy form and are being microfilmed. Surveys of records continue for retention and disposition. During the past year more than 900 cartridges of microfilm have been produced. In addition to source document filming, the Department purchased a Computer Output Microfilm machine to convert computer record from tapes directly to microfilm. This enables computer records to be available to the user on microfilm for many years longer than paper copies. All of this eliminates more than one thousand cubic feet of stored paper! A complete in-house microfilming system and processing lab provides services to all facilities, clinics and centers at a substantial cost savings.

Interstate Transfers

Ever-changing admission laws and various state requirements makes transferring patients more and more difficult; however, the S. C. Department of Mental Health has maintained a record of three transfers out to one transfer in. A national trend of people moving to the "Sun Belt" has produced many requests for Mental Health Services in South Carolina as well as other Southern States. In addition to in-patient care, many requests have been made through the Interstate Transfer Coordinators for out-patient services at Mental Health Centers and Clinics.

DIVISION OF FINANCIAL SERVICES

The Division of Financial Services was formed, as of the beginning of this year, to strengthen the Department's Financial and Accounting Management. This new Division brings together those sections formerly within the Division of Administrative Services that relate primarily to financial management and information technology.

COMPUTER SERVICES

The Computer Services Branch consists of the Systems and Programming Section, the Technical Support Section, and the Computer Operations Section, and handles all data processing activities for the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform

business applications and to gather and make available patient information.

Major new systems developed and implemented during the past year were an on-line Purchase Order System including buying history and an on-line Labor Distribution System. Major revisions or enhancements were made to the Payroll/Personnel System, the Financial Management System, the Patient Information System, and the Inventory System.

The Technical Support Section provides technical assistance and training to both the Systems and Programming Section and the Computer Operations Section. It also provides technical advice throughout the Department regarding information technology systems.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now has a memory size of 1.75 megabytes and a disk storage capacity of 2,070 million bytes. Also, there are now thirty-eight (38) terminals and nine (9) remote printers attached to the system. Twelve more terminals are presently on order and will be installed by September 30, 1982.

ACCOUNTING

The work load in the Finance and Accounting Section continued to increase due primarily to the implementation of the STARS Accounting System in July and the transfer of accounting responsibility for Community Mental Health in March.

The Statewide Accounting and Reporting System (STARS) has been developed and implemented as the official state accounting system effective July 1, 1981. The primary objective of the system is to provide for the centralized accounting and reporting of financial data in accordance with the statewide program budget structure mandated by the State Legislature.

During fiscal 1982, considerable progress was made in the implementation of the Financial Management System (FMS) Accounting Package obtained from the University of South Carolina. Included in this progress was the development of an online program to record cash receipts. Current plans are to complete the switch over from the Burroughs ledger posting system in early fiscal 1983.

PATIENTS PERSONAL AFFAIRS

The Patients Personal Affairs section is responsible for (1) ensuring that patients receive those benefits and reimbursements to which they are

entitled and (2) for maintaining the accounting records for charges to patients for Care and Treatment within the Department's facilities.

During the year, this section was removed from the Accounting Section as a separate branch. Control procedures relative to accounting were substantially improved.

Collections on patients' accounts during the year exceeded \$9,000,000, an all-time high.

SOUTH CAROLINA STATE HOSPITAL

There were several major developments in the fiscal year '81-'82 which modified goals which had been established for that fiscal year. In November of 1982 there was a survey by the National Institute of Mental Health for the purpose of Medicare certification. The survey team recommended that the S. C. State Hospital not be certified due to staffing and record deficiencies. Certification was not terminated, however, because Federal regulations allowed the facility to submit and implement a plan of correction. A plan was prepared and submitted to the appropriate Federal agency in February of 1982. The plan provided for intensified staffing in a distinct portion of the facility which would provide early intensive treatment for newly admitted patients.

To implement this plan it was necessary to reorganize the facility in March 1982, creating a special admission unit in the Williams Building. This involved a significant disruption of patients and employees and has been stressful to both. Fortunately, at this time the unit seems to be functioning effectively although staffing has been somewhat depleted in the other units in favor of the intensified admission services. The status of goals which had been set for fiscal year '80-'81 is as follows:

- A. Construction of new facility — The State's austere budget situation has led to an indefinite delay in new construction.
- B. Accommodation of the Reduction in Force — A reduction in force of the size which occurred in fiscal '81 cannot be easily accommodated. The effects have been ameliorated to a small extent by a decrease in census, however, Housekeeping continues to be a severely impacted area.
- C. Patient Records — A new record keeping system was implemented in fiscal year '82 with satisfactory results. The record is streamlined and documents are much easier to reference.
- D. Hospital Staff Resources — Some improvements in productivity and effectiveness were noted. The admission unit permitted an effective use of personnel for escort services and admission processing. The dental clinic was reduced in staff although some services were also reduced. The canteen was placed under the operation of the Commission for the Blind, saving State positions.

- E. Accreditation — The Joint Commission on Accreditation of Hospitals' survey of Phychiatric Programs in October 1981, resulted in a decision of nonaccreditation. This decision was appealed and a one-year accreditation was awarded. The facility will again be surveyed by the Joint Commission in October of 1982. The Joint Commission survey of the medical-surgical program in the James F. Byrnes Clinical Center was very successful, resulting in a three-year accreditation. The staff is to be applauded for this accomplishment.
- F. Canteen Operation — The canteen building was refurbished and contractors from the S. C. Commission for the Blind have operated the canteen very successfully during the fiscal year. This has represented the savings of five State employees with no reduction in service to the patients.
- G. Overcrowding of Patient Buildings — The overcrowding situation has been partially relieved during the fiscal year through several measures: 1) the agreement with the William S. Hall Psychiatric Institute was implemented and a unit in the Institute has accepted S. C. State Hospital patients during the year; 2) there was a reduction in census in the Spring of fiscal year '82, accompanying the reorganization. While a cause and effect relationship is not determinable, it is probable that some of the decrease in census is attributable to the reorganization; 3) it was necessary to reopen a portion of the Babcock Building to relieve the overcrowding. This was done as judiciously as possible by utilizing the ground floor for open ward patients. The wards were refurbished to improve the environment as much as possible.
- H. Primary Prevention — Primary prevention efforts continued vigorously during fiscal year '82. Wellness programs were conducted including health screening for employees, health promotion programs such as weight reduction and exercise, and other educational programs related to nutrition and stress management. The S. C. State Personnel Division has endorsed the concept of wellness for employees and the Primary Prevention Program has been in the vanguard of efforts within the department.
- I. Outpatient Forensic Evaluations — This goal has been achieved with relation to the partial implementation of an outpatient program in Lexington, Richland, and Fairfield Counties. This program was also expanded to other counties in the Midlands Area, eleven in all. The number of admissions from these counties has declined as have overall referrals for capacity to stand trial.

GOALS FOR FISCAL YEAR '82-'83

- A. Maintaining of Medicare/Medicaid certification for distinct parts of the S. C. State Hospital. There will be a preliminary certification survey of the admission unit and the children's unit in October of 1982. At that time deficiencies will be reported on an unofficial basis for educational purposes. In December of 1982, a formal survey will be conducted which will result in certification or decertification. Maintenance of certification is of uppermost importance.
- B. Accreditation Survey — The Joint Commission on Accreditation of Hospitals will survey the facility again in November of 1982. Inasmuch as the facility has received three consecutive one-year decisions, it will be necessary to achieve three-year accreditation, or accreditation may be denied altogether. Although there are serious barriers to success, the staff is making a valiant effort to retain accreditation for the facility.
- C. Outpatient Forensic Evaluation — This program was partially implemented in fiscal year '82; the potential benefit of complete implementation is so great that this remains a high priority goal. The Director of Professional Services is visiting mental health centers in the upper and lower state in an effort to obtain contractual agreements for outpatient evaluations. The potential savings in financial resources are of great significance in these austere times.
- D. Functional Rehabilitation Program — A program is being organized in the newly reoccupied Babcock Building for the rehabilitation of long term hospital residents. Residents have been selected who can function in an open ward situation and who can exercise some responsibility. Special programs are being created for these patients with a goal of achieving an increased functional level leading to successful placement outside the hospital. This program will eventually involve approximately 150 patients. A goal for fiscal year '83 is to have the program fully in place with programs well documented and under way.
- E. Improvement of Facility — Although new construction is not likely for fiscal year '82, it is hoped that the quality of the environment can be improved through the efforts of our Engineering staff.
- F. Long Term Care Program — Because there is a significant number of patients within the facility whose primary need is for long term nursing care, a program is being organized in the facility which will programmatically conform to JCAH long term care standards. The program will involve approximately 80 patients in the fiscal year '83, with the result that services will be more appropriate to the needs of this group of patients.
- G. As fiscal year '81-'82 was drawing to a close, negotiations were

underway for the transfer of medical and surgical responsibility for prison inmates to the James F. Byrnes Clinical Center. A final decision has not been rendered by the Budget and Control Board in this matter so it is not possible to establish goals as of yet; however, should the Budget and Control Board order the transfer of responsibilities to the James F. Byrnes Clinical Center, a goal for fiscal year '83 will be the establishment of an inmate treatment program on the fifth floor of the Clinic with expansion of service capability to accommodate this new patient group.

UNIT I — ACUTE CARE UNIT

On March 12, 1982, the S. C. State Hospital underwent several changes in the unit system. On this date the Unit I, Acute Care Unit, was established. As we are a newly established unit, there are no goals to report for last year. However, our various disciplines have many goals they wish to set for the coming fiscal year and, indeed, have already begun to implement many of them.

The Registrar Division has been conducting audits of the Unit I ward records, reporting deficiencies and audit results to the Unit I key personnel for correction. The new Treatment Plan has been implemented in Unit I. The area formerly known as Ward 219 is now an activity therapy area which provides areas for patient use as occupational and music therapy clinics, exercise clinics, movie room, recreational areas, etc.

Our main goal is to render the most humane, compassionate and professional treatment available for our patients in order to have them return to their families and communities as rapidly as possible, and hopefully, to prevent as many readmissions to the hospital as possible. We hope to accomplish this goal by giving the most intense and professional care we are able to give.

The goals set for the unit nutritional team for the coming fiscal year are to gradually decrease the percentage of fat in the diet. The method to be used to achieve this goal will be by making changes in the present menu decreasing fat content. The second goal is to educate medical and dietary staff in the use of the new diet manual by conducting inservice training programs. The third goal is to educate patients on how to continue their diet after being discharged from the hospital.

Since the formation of the Acute Care Unit, the primary focus of the Psychology Service has been the timely completion of a psychological evaluation for each Unit I patient. The immediate goals for psychology service in Unit I for the coming fiscal year are: the assignment to some program of individual therapy for each patient who is appropriate for this referral; the establishment of short-term orientation groups for newly admitted patients on each ward and longer range goals include the expansion of neuropsychological evaluations. The testing equipment is

now available within the unit to administer a complete neuropsychological evaluation when such a referral is indicated.

The chaplaincy goals for the coming fiscal year are to be available to our residents wishing to speak with a chaplain; to provide a weekly devotional service on each ward and at least monthly an additional worship service on Sunday; to provide a substance abuse group on each ward to meet at least twice a week; to reestablish a relationship with AA groups in the community and escort appropriate residents to such meetings; and to be available to staff for counseling and support.

One of the Nursing Service goals for the coming year is to provide quality nursing care and to improve documentation. In order to meet this goal continuing inservice education programs have been and will continue to be held. Also, special attention will be given to the new treatment plan, seclusion room documentation and medication records. Another goal is to see that all nursing employees, except those with a medical justification be trained and certified in CPR, First Aid, and PMAS. Approximately 70% of Nursing Service in our unit is currently certified and the remainder have been scheduled for these classes.

Social Service staff plan to have a workshop in writing goals and objectives as soon as discussions with workshop leaders can be finalized. We also plan to spend more time in treatment with patients and their families, which we hope to accomplish with the additional staff positions to be filled, and as a result of our efforts to cut undue time spent in administrative matters. It is also felt that while this provides a needed service to patients and families, it would also enhance the morale of staff who see so many patients on a short-term basis who have frequent rehospitalizations and whose long-term problems with their families and society in general are never fully addressed.

The primary goals and objectives for the fiscal year 1982-83 for the Unit I Vocational Rehabilitation Department are that Psychometric testing will be conducted at the Williams Building, in order to evaluate those admissions that are discharged prior to receiving their yard cards. Also, that more structured inservice trainings be conducted to include on-site tours of community resources.

Unit I Activity Therapy goals focus on improving the quality and quantity of patient contact and treatment hours. Methods for achieving this goal include streamlining ATS documentation and reducing frequency of changes in staff daily schedules. Efforts will be made to improve programming by initiating small group (goal oriented) activities such as leisure awareness/counseling, social skill training and hortithery, to meet the varying needs of admission patients. A full time Music Therapist has been requested to provide individual and group services. Another high priority will be to develop a coordinated monthly program of evening, weekend and holiday activities to be jointly imple-

mented by the activity therapy staff and assigned nursing personnel. Completion of renovations in the recreation area (formerly Ward 219) and activity rooms on Wards 118 and 120 will provide treatment and conference space for ATS and all interested personnel.

UNIT II

This annual report will be in two parts because in the fiscal year the Unit represented in this annual report was first Unit I; after March 12, 1982, it was Unit II.

In the forming of Unit II six buildings were assigned to the unit to house chronic patients. Trezevant and Wilson Buildings were included in this Unit whereas before these buildings were not part of Unit I.

The male community preparation ward was changed from Lieber Building to LaBorde Building in order to decrease unscheduled activities between male patients on Parker Annex and the female community preparation patients housed on LaBorde, Ward 122. The female community preparation ward then became Lieber, Ward 136, but very shortly the patients on this ward were moved to Trezevant, Ward 114, because of the inability to close Trezevant Building successfully and yet supply ventilation. Chronic female, closed ward patients, were moved to Lieber Building, Ward 136.

In order to conduct Individual Case Reviews monthly case presentations have been made at the Unit Meetings. There were two case presentations since this unit was formed, one each in the months of May and June.

Future goals include the implementation of more programs which will serve the chronic population. These programs will be designed to give structured activities to the patients on open wards and community preparation wards. These programs will allow the patients to plan their own activities and help them to assume responsibilities. These activities hopefully will include horticultural, culinary, and other activities provided by the Activity Therapy Service. All programs will be designed to help the patients become self-sufficient and self-reliant.

For chronic closed ward patients efforts are being made to provide more activities and group therapy including groups for basic skills, resocialization, socially accepted behavior, etc.

The Primary Goal is to provide adequate care and treatment for the chronic patients housed in Unit II in order to help the patients return to their respective communities.

Until March 12, when we no longer received new admissions, the admission histories were distributed among all our Social Work staff on a rotating basis. We had a total of 586 histories.

Our discharges numbered 672, with 69 of this number representing placements at community care homes and/or other alternate care facilities.

Our liaison network with our corresponding Mental Health Centers has continued, with the updating of Memoranda of Agreement being done to meet annual expiration dates. Also, when possible we attend Community Inter-Agency meetings to enhance support systems for our returning patients and their families.

The Student Placement Program for undergraduate students from S. C. State College in Orangeburg was continued with two students on our staff for two full semesters.

Our staff was instrumental in arranging in March for Dr. Eloise Snyder, Professor of Sociology at Penn State University, to present a two-hour workshop for interested hospital personnel on the Myth of Commonality (Socio-Cultural Factors in Treatment).

Our goals for the next fiscal year will continue to emphasize deinstitutionalization for appropriate patients and to develop programs designed to encourage and support patients leaving the hospital to return to the community.

Priority was established in March for completing all of the newly instigated treatment plans for every patient in the Unit within a two-month interval and focus of the remaining Unit II Psychology staff was of necessity centered on this endeavor. With four psychologists covering eleven treatment teams little time has remained for the traditional therapy, psychological evaluation, consultative and research functions of psychology. After instigation of the new treatment plan, precedence is given to bringing psychological assessment up to current status.

For the future, it is anticipated that as the new treatment plans are formulated, and hopefully as the psychology staff is augmented, that therapy programs in collaboration with other disciplines will be feasible on a systematic and innovative basis, providing treatment approaches designed to assist patients to assume more responsible self-care, social interaction and vocational functions to foster the rehabilitation process. Crisis counseling and individual and group counseling and psychotherapy would also be available to selected individuals who can use these procedures for resolution of emotional problem areas, as well as behavior modification techniques directed toward inculcating the most basic skills of everyday living.

UNIT III

Unit III has experienced a number of administrative and personnel changes during the period covered by this report. Unit III now serves 16 counties of the state. Liaison and community working relationships are extended to eight mental health centers within the geographical area of Unit III. Unit III now serves two of the major population areas of the state.

Our goal for the coming year is to have Gibbes Building as our highest functioning wards, one male ward and one female ward. Our major goal is

to provide quality patient care. Each employee is given a thorough orientation. The employee is provided nursing supervision, on-the-job training, continuing education through Nursing Education and encouragement to attend all appropriate workshops. The Medical Records Audit functions are the evaluation tool for our service.

The Psychology department program evaluation indicates Token Economy programs were very affective with low level functioning and regressed patients. Individual psycho and group therapy have been more effective with higher level functioning patients. Approximately 90 patients in 10 groups participated in group therapies each week. Goals for the next year include: 4 more group psychotherapy sessions per week; continue to evaluate our ward programs and Treatment plans according to JCAH standards every month.

During the year, the Social Work Service of Unit III continued to provide services on the basis of the assignment of staff to cover specific wards. All wards have a social worker assigned. The primary service emphases have been to work: (1) toward the discharge of patients, (2) to help families understand the needs of patients returning home, or to alternate care placements, and (3) to coordinate all community efforts with the local mental health centers. These efforts appear to have been effective in returning patients to their communities. The Social Work Service finalized alternate care placements for forty-one patients during the year. Twenty-seven went to licensed community care homes; three were placed in Mental Retardation facilities in South Carolina; one was placed in a nursing home; three to COIL, and seven to institutions, families or in other states. Of the patients placed, only three were subsequently rehospitalized in this facility. There were two major transfers of patients: one due to the creation of an Admission Unit, and two due to rearrangement of the geographical areas. Three additional counties were added to the area covered by Unit III, with the concurrent assignment of two additional wards (142 and 144, Gibbes Building) for coverage. Unit III now maintains liaison and working relationships with eight mental health centers within the geographical area covered. It is apparent that an inordinate amount of staff time is required for recording and implementation of a new treatment plan, and the shift of patients to and from the geographical area of responsibility. Two staff members were credentialed to provide counseling to patients and families regarding use of psychotropic drugs. For the coming year, the primary efforts will be directed toward working with families and community persons to assist patients to leave the hospital and make a satisfactory adjustment outside the institutional environment.

The Activity Therapy department in Unit III offers our patients a specialized form of treatment by use of various activities. We focus on the total patient by offering ward activities, community trips, special pro-

grams and events. During the past fiscal year, we were unable to expand referral groups due to the hospital's overall changes in staff and patients, however, 27,996 patients were involved in ward activities, for a total of 3,225 hours, 800 patients were involved in community trips. Music Therapy referral groups involved 103 patients for a total of 92 hours. We are also providing recreational therapy on the Forensic Unit. The Activity Therapy department goals for next fiscal year include: to expand ward exercise programs, to develop referral groups, i.e., ceramics, music, arts and crafts, increase recreational activities in Forensic Unit, to identify problem areas in Unit III and provide needed recreational services.

Chaplaincy provided ministry for the religious needs of patients and employees in a number of ways: Chaplains made themselves known to both patients and staff as religious resource persons. Ward devotionals were conducted at least twice a month for patients who cannot leave the wards. Holy Communion was provided every two months for all patients either in the Chapel of Hope or on the ward. Each chaplain participated in two to three treatment teams each week. Group therapy was co-led by the Chaplains. Progress note documentation was done on referrals. Goals for 1982-1983 are: Provide ministry for the religious needs of patients and staff (counseling, prayer, etc.). Distribute appropriate religious literature. Assign a chaplain trainee to minister in Unit III to learn skills that may enable primary prevention in the community.

The Vocational Rehabilitation Service accomplished their 1981-1982 goals: (1) Approximately 345 patients were referred for Vocational Rehabilitation Services; an increase of 13 from the previous year. 253 Individual Written Rehabilitation Plans were developed; an increase of 52 over the previous year. 209 cases were forwarded to the community vocational rehabilitation program for follow-up services. 22 patients were recorded as successfully employed. With the exception of slightly fewer referrals to the Psychometric/Vocational Evaluation and Living Skills program, all other program activities remained at previous year levels. (2) Combining the Home Economics and Personal/Social Adjustment programs contributed to a broader curriculum with attention given to teaching male patients meal preparation skills. (3) Vocational Rehabilitation medical and care documentation improved with routine audits. The goals for 1982-1983 are: (1) Maintain program and caseload activity at previous year levels. (2) Develop a "Vocational Rehabilitation Treatment Directory" which will identify the objectives and performance criteria for each class and/or activity sponsored by Vocational Rehabilitation. (3) Broaden Inservice training to include on-site visits to community resources. (4) Psychometric testing will be provided in Williams Building to those admissions who are discharged prior to their receiving yard cards. (5) Develop the "Initial Vocational Assessment" into a more comprehensive report instrument.

UNIT IV

In March 1982, four of the five staff members of the unit were replaced by persons from other units, as part of the hospital-wide reorganization of that time. At the same time a new treatment plan procedure was introduced, which required a thorough assessment of each patient. The net effect of these changes was that the unit's primary resources after reorganization were concentrated on assessments and treatment planning. Only after about three months, by the end of the fiscal year, did it become possible to divert resources more appropriately to therapy. The fact that no new admissions are now coming directly to Unit IV means that only limited time must be spent on assessment henceforth. Despite the difficulties occasioned by a lack of staff, the basic goals will be met as far as possible, as done in the earlier part of the fiscal year.

Goals for last year included the deployment of reduced staff to cover caseloads in the most effective way, to establish priorities of the most important jobs, to plan more effectively for alternate care and discharge planning, to improve recording and establish comprehensive audit procedures for social service to monitor its own work.

Since the Unit no longer accepts admissions, this has freed staff time to work on discharge planning and alternate care placement. Placements that are made in boarding homes are generally solid and we have very few return to the hospital. Patients placed during the past year have been more difficult as the more easily placed patients were already gone and each placement now seems to present specific difficulties. Nevertheless, the SSI applications and placements have been much smoother in the past year. Several beds have opened up in the region and the major problems focus around getting patients ready and establishing a financial base for them.

Recording has improved and we are currently involved in checking all annual updates to make sure they are current. Much effort over the past few months has been directed toward learning the new recording procedures with the new treatment plans. As we became familiar with new procedures, audit deficiencies decreased significantly through the year.

The community program is running as smoothly as possible although the placement coordinator is carrying other unit responsibilities and does not have as much time to devote to these duties. One additional boarding home facility has opened up in the latter part of the year, which is a 10-bed facility in Timmonsville. Currently we are investigating the possibility of using the new facility.

During the year we were able to work through the State Mental Health Association president, Mrs. Carol Garvin, to get a gift of \$149 from WIS-TV Broadcasting Company to purchase a manual for the education of families about Schizophrenia and also a manual to teach patients about their illness. We are currently working with one of the catchment regions,

Tri-county, to develop a workshop for families. This program is in line with current reports in the literature about the benefits of family education in keeping patients out of the hospital (see H & CP July 1982). Hopefully this program will lead to more discharges into the community and back to families.

Goals for 1982-83 will involve a more concentrated effort to place the hard to place patient in boarding homes and involve more families in planning for patients.

MEDICAL-SURGICAL SERVICE

I. Goals Set for this Fiscal Year 1981-82 Which Were Achieved:

- A. Three-year JCAH Accreditation
- B. Quality Assurance Program — BCC now has an outstanding, active Quality Assurance Program which involves all medical-surgical disciplines and departments. The achievements of this program are exceptionally remarkable. Identification and resolution of deficiencies have been excellent.
- C. Personnel — One full-time physician has joined the Medical Staff and an Ophthalmologist consultant has joined the consultant staff replacing Dr. Laub. Eye Clinic has been reestablished.
- D. Computerized EKG Service was established and the efficiency of this service has markedly improved.

II. Goals Set for This Fiscal Year Which Were Not Achieved:

The majority of goals set were not achieved and are included in the goals for Fiscal Year 1982-83 (C1 through 12). These items represent minimal needs for basic patient care in a medical-surgical facility.

III. Goals Set for Fiscal Year 1982-83:

- A. Review updated JCAH Standards and comply with requirements for continued accreditation.
- B. Reevaluate and reorganize the Quality Assurance Program to meet any needs which are not covered under the existing program and procedures.
- C. Obtain or develop the following items required for basic patient care:
 - (1) Develop an escort program to provide transport of patients to clinics, services and perhaps hearings.
 - (2) Install tubs with lifts on Wards 228 and 328.
 - (3) Install Invalid/Handicap Commodes on each wing of all patient floors.
 - (4) Purchase twenty-five Hi-Lo Beds which will accommodate traction equipment.
 - (5) Overbed traction units for Orthopedic care.

- (6) Employ a team of Phlebotomists to perform venapunctures relieving nursing personnel of this time-consuming duty.
- (7) Install microfilm reader-printer in records department. (More freestanding files will be necessary if this is not accomplished.) Replace manual files with computer programming.
- (8) Replace obsolete chemistry equipment (parts obsolete and reagents no longer available) with new chemistry analyzer.
- (9) Recruit personnel to relieve gross understaffing in Nursing and other areas. (Minimum of 1 R.N. each ward each shift.)
- (10) Employ Ear, Nose and Throat consultant and reestablish ENT outpatient clinic.
- (11) Develop Special Acute Care Rooms (SAC) on Wards 228, 328, 428 and 528 for intense care of acutely, severely ill patients.
- (12) Install suction and oxygen outlets in walls adjacent to present installation. (Equipment is already available in building.)
- (13) Install handrails in all patient corridors to preclude many patient injuries due to falling.
- (14) Set up computer in Pharmacy and establish programming.
- (15) Replace obsolete, malfunctioning sterilizer in operating suite. Replacement parts are no longer available.
- (16) Obtain hand operated Bovie to replace present obsolete instruments in operating rooms.
- (17) Employ Physical Therapy aide of assistant to provide needed therapy and evaluation.
- (18) Replace all Pharmacy personnel who have transferred, retired and resigned. Registered Pharmacists are now performing functions of clerk, secretary and pharmacy assistants. The Pharmacy is markedly understaffed for the volume of output required.
- (19) Employ a Bacteriologist to replace resigned technologist. Bacteriology is an essential service in the hospital.
- (20) Install small, private lockers for use of hospital personnel.
- (21) Install ceiling hung cubicle curtains for privacy in bathing areas, clinic areas and emergency room.
- (22) Replace defective, inefficient, rusty ice-makers on Wards 228 and 328.
- (23) Purchase Hydraulic Patient Lift (floor to bed) for use in acute care areas.
- (24) Supply program nurse specialist with educational equipment; i.e., carousel slide projector, 35mm film strip projector, wall projector, mannequin (male & female) for

catheterization instruction, easel and slip chart, box transparencies.

- (25) Furnish program nurse specialist a secretary one day each week.
- (26) Develop a volunteer corps for patient activities at BCC.
- (27) Obtain activity therapy equipment; i.e., piano, bumper pool, floor and lap frames for needlework.
- (28) Establish Risk Management Program for Medical Records Department.
- (29) Replace personnel positions lost from Medical Records Department.

IV. Departmental Statistical Data:

- A. 7.4% Increase in admissions to BCC.
- B. 8.3% Increase in Pharmacy utilization.
- C. 38.4% Increase in EKG tracings performed.
- D. 38.0% Increase in patients treated in Emergency Room.
- E. 58.7% Increase in employees treated in Emergency Room.
- F. 5.5% Increase in clinic visits.
- G. 9.6% Increase in surgical procedures performed.
- H. 5.0% Increase in operations performed.
- I. 9.6% Decrease in X-Ray exposures.
- J. 21.0% Decrease in Physical Therapy treatments.
- K. 31.7% Decrease in EEG's performed.

QUALITY ASSURANCE

Over the course of the past year, the Quality Assurance program has become an organizational function which integrates not only the clinical aspects of patient care but also the safety and support aspects which contribute to quality care.

Risk Management: Special emphasis has been placed over the past year on monitoring unusual occurrences and patients who leave the hospital without permission. Boards of Inquiry have met regularly to discuss problems which contribute to these events and a number of recommendations have been forwarded and implemented over the year.

Education and Training: As problems have become known through a series of identification procedures, education and training has been offered to remedy problems which have occurred because of staff's lack of expertise, experience, or knowledge. Training calendars of the past year are attached which demonstrate the wide array of training provided to clinical, administrative, and support staff.

Patient Care Monitoring: The Individual Case Review procedure has been streamlined over the year so that more staff can participate in assessing a patient's care and developing treatment alternatives while

having to do less work in the process. While the prior procedure involved multidisciplinary teams auditing a record, the procedure now involves a team presenting a particularly problematic case at a monthly meeting and then opening the floor for discussion of the problems involved and for receiving suggestions for alternative treatment. This method allows more sharing of ideas among clinical staff.

Utilization Review: Over the past year audits have been conducted into the inappropriate admission of children to the Child/Adolescent Unit, the questionable prescribing of Lithium Carbonate, and Haldol concentrate; and the utilization of ancillary disciplines in the treatment of patients. Results of these audits have been used to document the over-utilization and/or under-utilization of various services provided by the hospital.

Treatment Planning: Throughout the year, massive efforts have been ongoing in an attempt to construct and implement a treatment plan which all surveyors from external accrediting agencies would agree meets their expectations. This has involved an interdisciplinary Task Force studying the 1981 treatment plan format and studying alternative formats. The Task Force then developed a format very similar to that which Hall Institute uses. This form is now in use in the hospital and audits are being done weekly to ensure that staff are writing the plans correctly and thoroughly.

Program Evaluation: Each organizational component has now completed its goal and objectives for the next fiscal year and has reported whether it met its goals for the prior year. This is the third year that departments have been asked to do this and their goal setting has improved as they have gained experience annually in evaluating their achievement of the goals which they set for themselves in the prior year.

Clinical Privileges: Each discipline has refined its clinical privileging criteria over the past year, combining within them requirements for experience, education, training, demonstrated competence and supervision. Education and training has been offered to provide instruction for those staff for whom additional privileges may be granted once specific training and demonstrated competence have been achieved.

CHILD/ADOLESCENT UNIT

Goals for fiscal year 81-82 were met in part. Patient rights for children were clarified, e.g., elimination of smoking within each unit, and rights educational procedures continued. Activities have increased on weekends such that currently two Saturday mornings and all Sunday afternoons have structured activities. Holidays remain unstructured. Substitute teachers were provided during the school year.

Continued problems exist as a result of loss of staff positions. Social work section as been pared to 1 social worker. Psychology has lost another

position. Nursing mental health specialist positions have been cut from 30 to 26.

While admissions are numerous as in fiscal year 80-81, the length of stay has decreased. Also, the number of long-term patients has decreased. Admissions this fiscal year have increased to 229. Admissions in prior years are as follows:

<i>Fiscal Year</i>	<i>Number of Admissions</i>
81-82	229
80-81	221
79-80	260
78-79	269
77-78	199
76-77	173

Goals for fiscal year 81-82 are the following: Improvement in the physical environment, e.g., painting the building, a full schedule of structured activities including holidays, and a closer relationship with mental health centers and other agencies regarding admissions, e.g., sharing of paperwork and increased pre-admission evaluations. Increased use of volunteers may well be helpful in fulfilling these goals.

FORENSIC PSYCHIATRY UNIT

The number of admissions to the Court Unit of SCSH decreased during FY 81-82. There was a total of 714 patients evaluated as compared to 820 admissions in FY 80-81, 722 admissions in FY 79-80, and 666 admissions in FY 78-79. It is believed that this rather significant decrease in admissions is due in large part to the institution of our eleven County Evaluation Project. This project was begun September 1, 1981, and as of June 28, 1982, 40 evaluations had been performed in an outpatient basis with 29 persons returned to Court and 11 admitted for further evaluation and/or treatment. This is a surprisingly low number of evaluations for a nine month period and it is believed that it is a trend which will be seen on a regular basis since it appears that fewer evaluations are being requested since it is now apparent that most of them will not spend 15 days or longer in the hospital. Indeed the number of actual admissions were 685 which is only 19 admissions more than were evaluated in 78-79. It also represents a total of 195 fewer admissions than in FY 80-81.

Based on these statistics, negotiations are now underway to expand Outpatient Evaluation Operations to the Greenville and Charleston area involving an additional 16 counties. Evaluation of all persons accused of any criminal offense except murder shall be contracted for performance at these centers initially. If this initial expansion is successful the other

areas of the state will be gradually included in the program. These are our primary goals for FY 82-83.

FIRE AND SAFETY

Nine fires occurred during the fiscal year. Estimated damage of these fires was \$00.00 to \$172.46, with a total damage of \$429.17.

Practice fire drills were held on each ward during the morning and afternoon shift every three months for a total of 268 drills. The night drills consisted of 132 discussions with the night employees on procedures to be followed by all personnel discovering a fire. All practice fire drills and discussions came to a total of 400. All areas were inspected at least monthly for fire and safety hazards.

Sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair. The sprinkler systems were also flushed at the test valves every three months.

All of the standpipes and fire hydrants were flushed every three months.

The carbon dioxide fire extinguishers were weighed twice during the year (August 1981 and February 1982). All fire extinguishers (carbon dioxide, dry chemical, and water pressurized) were checked on each monthly inspection.

The film "Hospitals Don't Burn Down" was shown 33 times and viewed by 819 employees from various services during the Fire Safety Orientation for all employees of S. C. State Hospital.

Nineteen classes on Fire Safety Orientation were held for new employees in Inservice. The film "Prognosis Fire" was shown; 164 new employees viewed this film.

CAMPUS POLICE

Several goals projected for this fiscal year were achieved: 1) we were able to purchase the warning devices for each patrol vehicle; 2) we increased the number of contraband detection searches; 3) additional operational space for the chief and the investigative section was renovated. However, due to the department-wide shortage of funds, the primary goals of expanding our security program could not be implemented, nor were we able to purchase the much needed communication equipment or replace the high mileage vehicles for another year.

The hospital's freeze on hiring directly affected the Campus Police Division because of the workload and the constant changing of the work schedule to meet this demand. One officer received a certificate for completion of a two-week detective class, two officers received certificates for attending a two-week course on fingerprinting and classification of fingerprints; one new officer was certified in accordance with State

Law after successfully completing the 10-week Basic Law Enforcement Recruit Course; one officer attended a two-week course in Basic Crime Scene Photography; one security officer attended a one-week Basic Security course; one new officer attended a 10-day refresher course in law enforcement and was recertified, making the whole division certified in accordance with State Law; three dispatchers attended a three-day seminar on Communications Procedures and one officer attended a one-day workshop on Juvenile Firesetters. One officer attended a regional conference on Patient Abuse Reporting and Investigating. At the facility level two supervisors attended a four-hour timekeeping class and two officers completed a course in First Aid.

During fiscal year '81-82, the patrol division responded to a total of 29,281 calls for assistance (an increase of 2,871 calls). There was a decrease in the number of out-of-town trips (304) transporting noncourt patients for the Transportation Section. The division experienced a decrease in the number of searches conducted for patients who left the hospital without permission. The contributor for this is the formation of the LWP Board of Inquiry. There was also a marked decrease in the number of alleged patient abuse cases for investigation during the last two quarters of the fiscal year; this can be partially contributed to the certainty of investigation of all reports of alleged abuse and the consistency in disciplinary action in cases of found abuse as outlined in the new Standards of Disciplinary Action directive.

The Security Division responded to a total of 2,037 calls for assistance in Units III and IV and conducted 112 fire drills (each drill includes a class on Fire Prevention and Evacuation in Case of Fire).

There were 25 criminal arrests made by the Campus Police Division; of these five were employees with charges ranging from two counts of criminal sexual misconduct, three counts of exploitation of funds, and one count of furnishing a patient with contraband. Four patients were charged with serious crimes and one Federal charge was lodged against a visitor for possession of an illegal automatic weapon. The Investigative Section was instrumental in the identifying and subsequent arrest of a subject who aided in the escape of two CCI inmates from campus at gun point after lifting a latent fingerprint from an object handled by the perpetrator. Five employees were terminated for possession of hospital properties during contraband detection searches of vehicles.

GOALS FOR FISCAL YEAR 1982-83

1. Resubmit the proposal to increase the Security Program by four officers to patrol the Admission Wards.
2. Purchase of five walkie talkies to supplement the Security Program.
3. Establish a clerical position to centralize the increasing record keeping case load.

4. Purchase of two mobile radios to be installed in the investigator vehicle, which is presently without communication and exchanging vehicle number 165 (an oversized four-wheel drive van) for a more economical stationwagon to be used in out-of-town trips, installing the second radio in said vehicle.
5. Replacement of all high mileage vehicles.
6. Increase the number of Inservice Classes with guest speakers.

ENGINEERING

The Engineering Division continued to maintain the facilities of the hospital during the fiscal year. The division also provided engineering support to other facilities including William S. Hall Psychiatric Institute and C. M. Tucker Human Resources Center. A minor renovation project was completed at Bryan Psychiatric Hospital under a special agreement.

Engineering Division renovated the canteen building, prepared the bottom floor of the Babcock Building for reoccupancy, and performed modifications necessary to eliminate deficiencies noted by the Joint Commission on Accreditation of Hospitals. Additionally work was begun on the new campus public address system which should be completed in FY 82-83.

A major project was continuing at the close of Fiscal year 82 involving the replacement of the energy plant and distribution system. This project will substantially upgrade energy efficiency and reliability for the campus.

SUPPLY AND SERVICE

Goals accomplished by Supply and Service Division FY 81-82

1. The equipment sections has made much progress towards its project of total property control and is still progressing at a rapid speed.
2. The Supply Branch has made studies of the issue of supplies to all areas and has been able to eliminate much of the excessive use of supplies. As an example we were able to cut back excessive use of juice to wards to the extent that it enabled us to eliminate one position in supply and transfer that person to another section who had a vacancy to fill.
3. We have begun to buy some things in bulk instead of small packages resulting in reducing the cost to less than half of what it was in some cases.
4. The laundry has developed a system of shoe issues and receipts to be processed through the computer which will place much tighter controls and enable us to know exactly how many shoes of each size we have and the cost. With the information that this will provide we

will have a much better knowledge of what quantities to order and can avoid stock piling.

5. In the laundry, the clothing store has been moved upstairs and the repair unit has been brought downstairs and combined with the Manufacturing Unit. This makes a much more efficient operation.
6. In the Sorting Area of the laundry, we have installed a conveyor and a carousel sorter. This speeds up the operation allowing us to use less labor and increases our infection control standards.
7. The Laundry Management Participation Committee was formed as a means for laundry employees to channel their problems and suggestions to management. This has been very effective in opening communications, solving problems, increasing morale and ultimately increasing production.

HOUSEKEEPING

During the year 1981-82, the Housekeeping Department has faced many difficult days trying to keep the hospital in a pleasant and safe condition for both patients and staff. At the present time we do not have enough employees to cover an area when someone is out sick or on annual leave. Our windows and floors are really suffering for the lack of proper attention, especially in some of the high traffic areas.

The major factors that will determine the success of the Housekeeping future will be: 1) the number of additional custodial workers Housekeeping will be allowed; 2) the amount of cooperation we will receive from each department in helping to keep their personal area clean and in order.

During the past year Housekeeping was not able to totally achieve any of their goals. We requested additional funds to provide adequate custodial services to the various wards. We also anticipated on securing two new wet and dry vacuum cleaners and three upright vacuums for carpet. However, due to the shortage of funds, we were only able to replace a token number of custodial workers. Unfortunately, no new equipment was purchased to replace our broken and unserviceable equipment.

The hospital presently has 36 wards which must be maintained daily. In addition to the above mentioned wards, we are also responsible for trying to provide custodial service for the following buildings: Williams Building, Ensor, Chapel, S. C. State Hospital Administration Building, Babcock first, second, and third floors, Byrnes first floor clinical area, Benet Auditorium and the Department of Mental Health Building.

To maintain the total number of wards and administrative buildings we have only 49 custodians.

In order to meet the goals for the coming year more money would have to be allocated toward providing more employees in the Housekeeping Department, as well as replacing some of our worn-out equipment.

Goals for the coming year will be:

1. Seek funds to provide more custodian positions.
2. Replace all necessary unserviceable equipment.
3. Seek employees who are willing and able to use all of the equipment in Housekeeping.
4. To provide better on-the-job training for all custodial workers.
5. To relieve all supervisors from some of their work assignments, which will allow them to do more and better supervising.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S OFFICE

The past year has seen some great accomplishments at Crafts-Farrow State Hospital. Accreditation by JCAH was a notable achievement that everyone was proud of. This is an even greater achievement when it is recognized that this accomplishment was attained with a staff/patient ratio of .97.

Improving the content of patient records was a high priority and significant progress was noted in these records with treatment plans and proper documentation. This continues to be an area where the staff is working hard for further improvement. We were aware of the fine job done by our Quality Assurance Department, Volunteer Services and Staff Development, as these departments were given very high marks by the surveyors during the JCAH visit.

CFSH is pleased with the accomplishments made this year, and has developed goals for continued operational efficiency. These goals are:

1. To provide full service of a Physical Medicine Department, with O. T. and P. T. available, for all of our patients.
2. To provide enough nursing staff to have sufficient coverage during P. M. and night tours.
3. To provide a full range of psychological services.
4. To discharge all eligible, appropriate patients to ICF and group homes, thus, reducing our census to 900-1100 patients.
5. To improve the therapeutic environment in the Resident Care area by reducing census, thus, relieving overcrowding on many of the wards.

QUALITY ASSURANCE DIVISION

The Quality Assurance Division has continued its efforts to provide a program designed to improve the quality of patient care. Attention is given to patient care that is optimal within available resources and in

accordance with achievable goals. This involves working with all disciplines in coordinating the facility's quality assessment activities. Evaluation or reviews by all disciplines work toward identifying potential problems or concerns in the care of patients. These are reviewed, studied, evaluated, and pertinent findings are sent to Physician Advisors and/or Quality Assurance Committee for appropriate corrective action and follow-up activities. These assessment activities in turn identify the need for meaningful continuing education programs and provides input for planning for Staff Development and Professional Growth.

Quality Assurance is directly involved with Utilization Review of patients admitted to CFSH and those transferred to the hospital's acute medical area. It also involves, the collection of data needed for studies of specific concerns in the area of patient care.

The Infection Control Program is actively providing surveillance of the hospital environment to achieve the best possible control of infections.

EMPLOYEE RELATIONS DIVISION

This office continued to provide employee services, and serve as a liaison between the employees and all levels of supervision as well as an intermediary between central personnel and the employee. Office functions consisted of employee counselings, handling informal grievances and concerns and interpreting policies and procedures.

Employee services included completing applications for Credit Union and State Employees Association; new employee orientation; retirement processing; and insurance enrollment, changes and claims.

Three blood drives were held. One-hundred-sixteen donors contributed 110 pints of blood. The decline in blood donors was due to a repeal of one-half day administrative leave which had been granted to those persons donating blood.

Service pins and certificates were awarded to 61 employees for service ranging from 10 to 40 years. This included 40 employees with 10 years, 14 employees with 20 years, 6 with 30 years and 1 with forty years.

Thirty-eight employees retired with 764 years of combined service.

We participate in several fund drives. 710 employees contributed \$7,094.26 to the United Fund; 81 employees contributed \$65.20 to the Human Endeavor; and 734 employees contributed \$1,608.37 to the Good Health Appeal.

The Employee of the Month program was initiated to recognize employees who have performed in an exemplary manner and served a dual purpose of motivating employees and as an incentive to increase productivity. Participation in the Facility Outstanding Employee selection process continued.

Employee Relations continued to publish "Footnotes". An increase in readership and participation was noted as employee contributions and

comments have increased. The newsletter served as a tool to help employees have a better understanding of rules and to motivate employees through better communication.

As a part of the Wellness Program, exercise classes with diet consultation were held during a one-half period of the lunch hour.

An appreciation Drop-In was held for celebrating our receiving a 2 years Accreditation and to thank employees for their cooperation and performance.

On a monthly basis, this office handled an average of approximately 400 telephone calls and 340 walk-ins, with personnel inquiries.

VOLUNTEER SERVICES DIVISION

Numerous requests for volunteers came from many areas of the hospital. Newly recruited volunteers were assigned to Visitor Registration, Admission/Exit, Medical Service, X-Ray, Activity Therapy, Nursing Service, Chaplaincy, Supply, Bus Trip and Adopt-a-Patient projects. In addition, three new volunteer groups began service on a regular basis.

New volunteers included retirees (former employees), others from the University of S. C., local schools, churches and other sources. Staff members helped by recruiting volunteer groups for entertainment programs and ward parties.

More and varied volunteer programs brought in Square Dancers, Swing Bands, Choirs, Rhythm Bands, Barbershop Quartets and Gospel Groups.

An increase in new and used clothing donations and more demand for personal clothing enabled the Volunteer Service Clothing Shop to serve more than 1,365 patients, including MV clients, BPH, and patients being discharged.

Volunteer Services joined other disciplines in inter-institutional programs to help enhance the quality of life for participants. They were "Friendship Day" (Mental Retardation), "Helping Hand" (Columbia Area Mental Health Center), and "VIP" (Goodman Correctional Institution).

Volunteers were recognized at a Drop-In at the Lace House and the Annual Volunteer Recognition Luncheon.

Contributions from volunteers made possible family memberships to the Zoo, \$385.00 for refreshments on bus trips, Christmas and birthday gifts, bingo prizes, grooming aides, coffee urns, newspaper subscriptions and magazines.

The Volunteer Center was used extensively for meetings, staff educational programs, workshops, orientation, entertainment programs and social functions for patients and staff.

On a monthly basis:

Average number of groups	26
Average number of individual group volunteers	160
Average number of volunteer hours	557
Total number of volunteer hours given during the year .	6,678.5

Volunteer Services staff and individual volunteers attended 83 workshops and job related meetings.

In cooperation with Mental Health Association of S. C. a 2 day Volunteer Services Workshop will be offered in September. Interested citizens from the community and throughout the state will participate. Also, included on the program is a special session for Volunteer Directors.

PROFESSIONAL SERVICES

Professional Services at Crafts-Farrow State Hospital has continued efforts to improve patient care by recruiting sufficient staff and by providing education opportunities for the staff. Consultants between psychiatric and medical services have been established in an effort to improve patient care and decrease the number of times that patients are transferred for consultation. The Medical Clinic continues to function for urgent and emergency medical consultations.

The Clinical Case Monitoring is continuing and pilot programs including Constipation Prevention and Blind Program have been developed to improve services provided for our patients. Plans are to implement these programs hospital wide in the coming year. Two pilot programs have been implemented with the cooperation of the Department of Mental Retardation and the Department of Corrections.

Plans are developing for decreasing the patient census by means of Project Exit which is currently hospital wide and includes all Clinical Disciplines in all hospital wards. The patients Level of Care Form is currently being assessed on a regular basis. This data is being stored in the computer and is currently being retrieved by numbers only. This data is being used to develop appropriate individual ward programs specific to needs of its patients. Plans for additional programs are being made so that data can be retrieved by name, ward, hospital number, county of residence and category number, as well as an area on special studies. This additional program will assist in screening patients for transfer to the Roddey Pavilion at Tucker Center as well as help to identify needs for our patients both here and in the community.

Joint Commission on Accreditation of Hospitals reviewed Crafts-Farrow State Hospital in October, 1981 and approved the commendation that our hospital be accredited for a period of two years until a subsequent survey is conducted. The deficiencies and problem areas have been reviewed and efforts are being made by the clinical staff to correct everything possible.

Our Quality Assurance Program has become more active and is extending into all hospital functions.

Psychiatric Residents continue to come to CFSH for Geriatric experience. This Program includes Clinical Consultative presentations by the William S. Hall Psychiatric Institute Psychiatric Resident Supervisor.

Our Continuing Education and Inservice Programs have been active and efforts are being made to include all Clinical and Support System Personnel. Plans are being made to include a Cancer Screening for employees from CFSH, BPH and MVADAC.

Primary Prevention Activities have included an Art Therapy Program which included community participants as well as Department of Mental Health Employees. Other primary prevention programs offered were: Biofeedback, Relaxation Training Techniques and Diet and Exercise.

The Department of Physical Medicine did not progress as planned. Efforts are being continued to recruit physical therapists and a physician to develop this much needed program.

Budgetary restraints have been quite stringent and many areas within the hospital are functioning way beyond 100% capacity. Relief is hoped for by the success of Project Exit, as well as the projected transfer of 300 patients to the Roddey Pavilion when it is completed. Certain positions are especially short particularly with psychiatrists and nurses and attempts to recruit in these areas are continuing.

CFSH continues to provide support services such as lab, x-ray, EKG and EEG to MV and BPH as well as Dental and Medical Clinics and emergency coverage to MV. During the past year MV has had 1471 admissions and BPH 2977 admissions.

During the year there were 921 admissions to CFSH with 710 discharges and 269 deaths. The average age of patients is 70. In an effort to utilize all vacancies in the most efficient manner possible, a transfer system has been developed by the Chiefs of Medical Service and the Office of the Director of Professional Service. There continues to be a problem with disparity between our aged patients and the buildings with stairs and no inside dining rooms.

ADMISSION-EXIT DIVISION

The Admission-Exit Division during the fiscal year 1981-1982, continued it's primary function of providing evaluation, diagnosis, and treatment of newly admitted patients age 55 years and above including the arrangement of post hospitalization placement and follow up treatment of discharged patients. In order to minimize the length of hospital stay, concentrated efforts were directed by all disciplines toward improving the individual treatment plans on patients and focusing treatment efforts on those problems necessitating hospitalization.

Currently, there are 9 physicians, 8 of whom are trained psychiatrists, assigned to Admission-Exit Division. Improved services to patients have been rendered by additional neurological and psychiatric consultations provided by physicians from William S. Hall Psychiatric Institute.

RESIDENT CARE DIVISION

Resident Care staff's goals for this year are:

1. To have at least 300 patients identified and prepared for discharge by the end of 1982, by using the L.O.C. form properly to identify patients and by using the Multi-Disciplinary services available and outlined in Project Exit.
2. To implement the Constipation Prevention/Treatment Program hospital wide (started July 12, 1982, after a successful study by the Committee). This program will use high fiber diet, increasing fluid intake, and exercise under the guidelines in the Program's Policy and supervision of the Program Committees.
3. To implement the Blind Program hospital wide through proper staff training, workshops and assistance from the Commission for the Blind. This program is under supervision of the Blind Committee. The committee has already decided to implement the program hospital wide in September, 1982, after a successful first phase in this program.
4. To increase the utilization of revised treatment plans by the more prepared multi-disciplinary treatment team. The treatment teams will be more goal and achievement oriented and time efficient. (Inservices were given to all the treatment teams in the Resident Care Division).

Thru working together as a team, we are sure that these goals will be accomplished as planned.

MEDICAL DIVISION

The McLendon Clinical Center is composed of one-hundred-forty-eight acute care patient beds and one-hundred-forty-six convalescent care patient beds, located in the McLendon Building and Buildings #14 and #16. Patients are admitted from Bryan Psychiatric Hospital, Morris Village and Crafts-Farrow State Hospital. Additionally, patients from these hospitals are seen in one of our out-patient clinics. These clinics are equipped to handle all areas of medicine.

Three Board Certified members in Internal Medicine joined the staff during the past year. They brought with them subspecialties in Oncology, Gastroenterology and Nephrology. One new staff member is Board qualified in General Surgery.

The new Speech and Hearing Department is progressing quite satisfactorily. We are seeking a new physical therapist and are planning to upgrade the Physiotherapy Department. New X-Ray and Laboratory equipment has been ordered. This equipment will improve the quality and quantity of services being given to patients and employees.

RADIOLOGY SERVICE

Attached is the 1981-1982 Annual Statistical Report for the Radiological and Electrocardiograph Service.

Workload: The workload continues to increase for this department. We experienced an increase of 1,616 x-ray exposures and an increase of 37 EKG tracings.

Personnel: As always, the Pitts Radiological Associates, P. A., continue to provide excellent coverage. An additional Technologist I position was added this year to compensate for the increase in workload generated during the past two years. The following positions are authorized and are presently filled.

<i>Number of Personnel</i>	<i>Positions</i>
1	X-ray Technologist Supervisor II
2	X-ray Technologist II
3	X-ray Technologist I

Equipment: A new Picker portable x-ray unit was purchased this year replacing the old Westinghouse portable. Funds have been approved and efforts are under way for the replacement of the x-ray units in Room #1 and #2 that have been in service for more than fifteen years. X-ray equipment repairs amounted to \$971.00.

In November, arrangements were made with Carolina Hospital Supply to provide us with a Computerized ECG Unit. This unit not only enhances the quality of the tracings, it also produces an instant interpretation for the physician.

Repairs to the old ECG unit were \$198.00

Supplies: Expendable supplies for radiology cost \$30,116.00, and EKG supplies cost \$1,182.00.

Reimbursements: Request for reimbursement was submitted to the following facilities for the amount shown below:

	X-Ray	EKG	Total
Bryan Psychiatric			
Hospital	\$19,460.00	\$483.00	\$19,943.00
Morris Village	21,261.00	263.00	21,524.00
Midlands Center	1,446.00		1,446.00
Grand Total			\$42,913.00

Silver Recovery: SCDMH received the amount shown below from our silver recovery program:

Silver recovered from the processor	\$618.67
Salvaged film	0.00
Total	\$618.67

Summary: This department again experienced a moderate increase in its workload. With the addition of the Computerized ECG Unit, the replacement of the old portable x-ray unit and plans to replace the equipment in both exposure rooms, this department will once again be in excellent operating condition.

LABORATORY DIVISION

The Clinical laboratory processed more than 300,000 individual test assays during the past fiscal year. There were no additions to the present staff of three technicians and four technologists.

New assays for Radioimmune assays were evaluated. They included, Thyroid Profile, Digoxins, Thyroid Stimulating Hormones, Vitamin B-12's, Folic Acids and Hepatitis assays. Consideration was given towards performing these tests in our lab rather than having to pay for referring these assays as we are now doing.

In addition, discussions are under way for the CFSH Lab to perform urine drug abuse assays for the SCDMH at considerable savings to those currently being referred.

New equipment in the 1981-1982 fiscal year includes the Ortho ELT-8 Laser Hematology Cell Counter. This instrument has increased our test capacity as well as given us the versatility to perform platelet counts in addition to the other seven parameter Complete Blood Counts already offered.

Goals for the next fiscal year are to obtain sufficient technical staff to handle our enormous volume of work and to employ clerical help to handle the volume of tasks currently being performed by our technicians.

We hope to expand our test capabilities in the field of Radioimmune assays and Toxicology and to continue to serve our patient population in the tradition of the highest quality of performance.

DENTAL CLINIC

The Crafts-Farrow State Hospital Dental Clinic saw 5,379 patients and performed 7,620 dental procedures for these patients during the past year.

Bryan Psychiatric Hospital continues to show a significant increase in the number of patients treated while Morris Village shows a decline. At the request of the Morris Village Administration, new admissions are not being seen from Morris Village. This accounts for fewer patients treated from this facility.

Preventive dentistry is still stressed wherever possible on a one to one basis as well as lectures to both staff and patients.

No new equipment has been added.

The Dental Clinic operates with the following staff, one full time dentist, one part time dentist, one full time dental hygienist, and one full time dental assistant.

PHARMACY DIVISION

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year, 1981-82, was 80,337 (an increase of 4.19% over the previous year).

A total of 4,834 employee prescriptions were filled. Cash collected for these amounted to \$17,034.54.

The Alcohol and Drug Addiction Center at Morris Village was issued 4,840 prescriptions. Individual prescriptions for all residents at Morris Village are being filled.

G. Werber Bryan Psychiatric Hospital was issued a total of 1,795 prescriptions (drugs issued in bulk and employee prescriptions).

Cash receipts amounting to \$9.30 were collected for three prescriptions for discharged patients that are to be followed up at after care or mental health clinics.

The uni-use medication chart is being continued on Ward 200 in McLendon. A total of 8,050 were filled for the individual patients. In comparison to traditional floor stock method of drug distribution, this system continues to be time saving for nurses, provides better drug accountability and minimizes medication errors. We have not been able to implement this system on other wards in McLendon due to lack of space, budget and staff.

A Laminar-flow hood was installed in McLendon to be used by pharmacy personnel on October 23, 1981. At this time an Intravenous Additive

Program was implemented. Since that time 1,111 IV additives have been prepared.

Pharmacists are participating in treatment teams at various wards and are reviewing medical records of patients to ensure rational drug therapy and proper administration of ordered medications.

OCCUPATIONAL THERAPY DIVISION

This was the first full year of service for the Occupational Therapy Division. Major programs initiated were:

- a. Student intern program.
- b. Sensory based developmental therapy groups.
- c. Consultative services to facilitate and design ward programs for regressed patients.
- d. Comprehensive feeding program for regressed men.
- e. Participation in an AOTA national case study project.
- f. Facility wide screening of all patients.
- g. Establishment of policies and procedures specific to service provisions.
- h. Evaluation and training programs for patients involved in Project Exit and the establishment of Department and Student Manuals.

Additionally, services were provided consultatively to both the mobility and blind rehabilitation programs. Evaluative procedures commensurate with specific levels of care were established. Bi-monthly intra-division inservice programs, as well as assisting with the First Annual Spring Symposium on Geriatrics were among some of the O. T. Division initiated staff development programs. Inservices were also provided to related services such as Social Services, Nursing and Activity Therapy.

Assistance with coordinating related clinical therapies: speech and physical therapy was also provided, as well as, active recruitment for both O. T. and P. T. personnel.

Plans for the coming year include expanded services in the medical area as divisional personnel increases.

Statistical Summary:

Total patients receiving therapeutic treatments	5,501
Total patients screened	1,536
Average yearly patient contacts per therapist	1,100
Average monthly contacts per therapist	91

ACTIVITY THERAPIES

During the fiscal year 1981-1982, the Activity Therapies Division placed emphasis on the importance of individualized and appropriate therapeutic programming for each patient. Through needs assessment and multidisciplinary Treatment Team referral processes each patient was offered the opportunity to participate in programs geared to the geriatric level. Activity Therapies personnel attended monthly In-service education sessions which focused on the adaptation of material pertinent to programming and documentation in order to implement these programs.

The Hortitherapy program of Activity Therapies Division has continued to expand during the fiscal year. With the hortitherapist and two patient workers, the wards, office areas, dining rooms, and visiting areas displayed the visible evidence of this program. Not only are seasonal plants such as Easter lilies, poinsettias, and hyacinths placed in these areas; but, also lush hanging baskets and potted houseplants lend themselves in creating a more home like setting for the patients. During the year, the Hortitherapy groups have participated in making terrariums, seeding vegetable plants and making dried pressed flower arrangements, which culminated in a Spring plant sale. The proceeds of this sale were used to finance recreational activities. These activities included, a chicken barbecue, a weiner roast, a visit to the State Farmer's Market to purchase fresh vegetables and fruit.

In the Music Therapy program, emphasis was placed on ward music groups, using music as a stimulus with the goal of encouraging as many patients as possible to participate. Various stimuli such as rhythm band instruments, dance/movement groups, piano and record playing were used to involve the patients in these therapy groups. The Music Club and Rhythm Band were responsible for the Patient Talent Show which was well attended by both patients and staff.

Ward visitation was also emphasized in the Library Therapy section of the Division. Bibliotherapy and story hour were conducted on the wards and the Library Club continued to meet for discussion of timely topics and seasonal readings. Both staff and patients utilized the library facilities and resources during the year. The Library Club sponsored special events during National Library Week and their Puppet Show was attended by many patients and staff. The Library continues to provide captioned films for the deaf and hard of hearing patients as well as recorded books for the blind and visually handicapped.

Three members of the Activity Therapy Service continue to shop for and/or with patients who have personal funds available; in addition to using these funds to shop for patients who have been able to leave the hospital, this shopping program provides a means for the other patients to be taken on shopping trips which allow retraining in shopping procedures

(selecting articles, making change, and other socialization processes).

The Activity Therapists have provided programming on each ward conducive to the changing needs of their patients. Emphasis was placed on the basic groups of orientation and mobility in order to maintain the highest functioning level of each patient. Ward orientation programs were stressed which included specific referral groups, monthly birthday celebrations and building picnics. Campus-wide activities, special events, and community oriented trips were also held which included talent and fashion shows, Halloween Carnival, Christmas Parade, Spring Ball, an excursion to the S. C. State Fair, and the local malls. The Riverbanks Zoo season passes were also utilized fully again this year.

The important continuation of the student internship program was fulfilled by a student from Clemson University's Recreation and Parks Administration College. The intern student spent the ten weeks working in the various programs and buildings with each Activity therapist.

As the patient population changes and the needs of our patients change, the Activity Therapy staff will constantly be evaluating and adjusting the programs offered the patients at CFSH. The programs and therapy groups offered the patients at CFSH must be the best available and appropriate to our patient population.

SOCIAL WORK SERVICE DIVISION

During the fiscal year 1981-1982, the Social Work Staff, in cooperation with other disciplines, has concentrated heavily upon correcting deficiencies identified by JCAH during the October, 1981, survey. The deficiencies were: inadequate Social and Cultural assessments, documentation, patient-staff ratio and treatment plans. Measures were undertaken to correct noted deficiencies and improve the quality of services to patients and families, with greater emphasis on discharge planning. To achieve this goal, new strategies were developed that required inservice training with a focus upon sensitivity and accountability for quality patient care, and the mission of the hospital. To a satisfactory degree, these goals have been accomplished, with continued effort toward full implementation.

During the past year a total of 611 patients were discharged, 174 were placed in Alternate Care home/facilities with 98 being placed in nursing homes and 76 being placed in boarding homes. Current statistics reflect working with patients who were more difficult to place than those previously placed because of their inappropriate behavior, low level of functioning, severe physical problems and a lack of ICF Nursing Homes throughout the state.

Goals for the Coming Year

1. Continue to upgrade staff competency through inservice and Staff Development training.

2. Continue our effort to be more viable in planning and implementing care and treatment of patients and documentation of needs and services provided.
3. Continue our concerted effort to reduce the patient population significantly by 1983.
4. Continue our Student Placement (Field Work) program with Colleges and Universities with social work programs.

CHAPLAINCY DIVISION

The Chaplaincy Division has continued to provide pastoral services, care and counseling for patients. These services are provided by a staff of four full-time Chaplains, one part-time Roman Catholic Priest, a Rabbi on call and four part-time clergymen who have retired from active pastoralship.

A newly formed Chaplaincy Advisory Committee composed of community pastors and hospital chaplains, was formed to discuss, explore and plan ways in which the churches of the Columbia Community may help minister to patients at Crafts-Farrow. The committee's objectives also include developing ways in which Chaplaincy Service can minister more effectively to the community at large.

Interviews:

With new admission patients	938
With patients (counseling sessions)	575
With relatives of patients	590
With hospital personnel	128

Visits:

With patients	23,828
With seriously ill patients	2,067
With sick hospital personnel	80

Group Work:

With patients, number of session	255
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Services:

Vesper services	53
Average attendance	131
Sermons delivered in hospital	52
Average attendance each Sunday (all services)	163
Holy Communion Services	28
Number Receiving Holy Communion	1194
Ward Devotional Services	1463
Average attendance	27

Clinical Pastoral Training:

Number of trainees

4

Other Services:

Catholic Mass, every Friday at 9:00 a.m.

STAFF DEVELOPMENT DIVISION

Staff development has continued to strive to meet the training and education needs of our staff. Favorable evaluations by both JCAH and NIMH gave welcome support to our efforts. Budgetary restrictions dictate that our department continue to utilize all possible resources to enable us to provide a necessary quantity and quality of programming.

PSYCHOLOGY DIVISION

The Psychology Division at Crafts-Farrow State Hospital is understaffed and over-worked. There are only nine psychology staff members of which six have Master degrees and two have Doctorates. With the standards set by JCAH, this is totally inadequate for our patient population.

Crafts-Farrow has hired a doctoral level clinical psychologist to be the Chief of this Department. A student volunteer has been utilized on the ward level with supervision provided by Psychological Service. The plans are to recruit more student volunteers so as to relieve some of the understaffing situation. There are also plans to recruit and hire three to four additional full time positions in this service.

The psychology personnel have been assigned the administrative duty of running ward meetings on the wards. This is in addition to providing psychological services for testing, evaluation and being a part of the treatment Team, thus, providing various treatment programs and/or modalities for the patients assigned to them.

The last half of the year has been spent in intensive in-service training in psychological assessment, behavior modification and psychopathology.

NURSING DIVISION

Much effort was exerted during the past year to upgrade the quality of nursing care provided to patients. Items of particular focus were the nurses' role in treatment team planning, improving the nursing assessment of patients, and better planning and documenting patient care. Receiving JCAH accreditation speaks well for these efforts. When surveyed by NIMH in November, we felt less satisfied when they stated that our nursing care plans were fair to poor. Hence, we have continued to exert much effort in our goals to better assess and plan patient care. The surveyors pointed out that we do not have an adequate number of

Registered Nurses to meet their requirements, although the nurses we have are making a valid effort to meet standards. Both groups of surveyors, JCAH and NIMH, pointed out the need for additional licensed personnel, especially Registered Nurses as well as Mental Health Specialists.

A major reorganization was accomplished by dividing the Resident Care Service from two areas into three areas with establishment of an administrative office within each area. This action has made the supervisory services closer to both patients and employees and greatly facilitates increased communication and supervision.

During the year, 130 Registered Nurses and 53 Licensed Practical Nurses were interviewed, 41 were employed and participated in the Orientation Program for Nurses. A full time person was employed and assigned as coordinator of this program. This seems to have enhanced the retention of new nurses. A net gain of 20 licensed personnel were added making a total of 102 Registered Nurses and 42 Licensed Practical Nurses on staff. Recently the Orientation Program for Licensed Personnel has been revised to further enable the new nurse to adjust to his/her role and function effectively in providing quality patient care.

Between July 1, 1981, and November 20, 1981, 124 mental health specialists were employed filling nearly all vacancies. Even with this increase, the surveyors noted that more mental health specialists were needed. The budget deficit with the resulting hiring freeze imposed for seven months immediately followed the surveyors' visit and resulted in 1.5 less employees per ward by June 18, 1982. Twenty mental health specialists were employed on June 18, 1982. At the end of the fiscal year nursing had 78 vacancies. The decrease in staff resulted in conditions which are unsafe for both patients and employees. The loyal dedication of many conscientious employees has prevented many potentially serious incidents. Some incidents which have occurred would have been prevented if more staff, both in terms of numbers and quality, were available to provide patient care.

The Advanced Course for MHS III's was developed and 10 mental health specialists recently completed this course. The course focuses mainly on increasing skill in providing quality patient care and increasing the mental health specialists' ability to function as a team leader in managing basic patient care activities. It is envisioned that satisfactory completion of this course will be prerequisite for promotion to a MHS III in the future. On the job training has also provided the Basic Course for Mental Health Specialists to 137 employees. Special courses were offered for 15 mental health specialists.

Nursing personnel participated 2,356 times in various offerings in the past year. In addition, the licensed nursing personnel participated 503 times in specific continuing education offerings. In addition to the above,

ten staff members from the SCDMH Center for Autistic Children received instruction in "First Aid" from Nursing Education staff.

In consideration for the need of the geropsychiatric patient at Crafts-Farrow State Hospital, Nursing identified specific goals for 1982. Three of the major goals are: (1) developing specific programs for patients on each ward based on needs assessment, (2) providing workshops for nurses on Physical and Behavioral Assessment of the Geropsychiatric Patient, and (3) increasing Registered Nurses staffing in order to have a Registered Nurse assigned to each ward on A.M. shift, and increasing the number of Registered Nurses on P.M. and Night shifts.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is responsible for providing (1) adequate and complete medical records for all patients; (2) supplies and equipment necessary for the proper care and treatment of all patients; (3) a safe place to live and receive treatment that is clean, comfortable, and as pleasant as possible, and (4) wholesome and nutritious meals. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH directives, Budgetary matters, also, are the responsibility of Administrative Services, which is dedicated to an all-out effort to provide the above-mentioned services within the budgetary limitations.

In the October 1981 survey by the Joint Commission for the Accreditation of Hospitals, it was noted that much progress had been made in correcting deficiencies given in the last several surveys. Due to this progress, CFSH was awarded a two-year accreditation contingent upon additional progress to be made mainly in obtaining additional clinical personnel and in improving the environment due to some overcrowding and building deficiencies.

In another survey conducted in 1981 by the National Institute of Mental Health, the same major deficiencies were noted.

The continuing goal for CFSH is to become fully in line with JCAH and NIMH standards although with budget cuts and current economic outlook, CFSH is now operating with funds sufficient to fund personal service at the approximate level before the authorization of 64 additional positions for the 1981-1982 Fiscal Year, while our average patient level has increased.

Later in Fiscal Year 82-83, we anticipate being able to reduce our patient census when the additional pavilion at C. M. Tucker Human Resources Center is completed and this figures heavily in our plan of correction to the NIMH Survey.

Additionally, a long range comprehensive capital improvement plan for CFSH was approved a couple of years ago; but, to date we have not been able to get any projects underway to help in meeting building

standards required for Medicare and Medicaid program participation.

REGISTRAR DIVISION

The Registrar Division is a vital link in the overall operation of this hospital. The Admissions & Dispositions Office with a staff of eleven people admit and discharge all patients. It is the nerve center of the hospital open twenty-four hours a day, seven days a week. Even though patient admissions and discharges are not so high, they in that office provide numerous other services such as preparing A&D Sheets, paging, civil defense radio, fire alarms and registering visitors.

Another section is the Medical Records Section that handles legal papers, medical transcription by doctors, social workers and others needing clerical assistance. We have installed a new dictating system since last year which has greatly improved our efficiency. The old system was over twenty years old. The new system allows us to keep a record of dictation, who dictated it, who typed it and how many minutes involved. This is quite an improvement over our old system. Insurance claims, death certificates and microfilm preparation is also handled by this office. This office is also responsible to twenty-six ward clerks located in buildings throughout the campus. These clerks keep the medical records in good condition and assist doctors and ward personnel in keeping up with the JCAH requirements in patients' records.

Another section is Medicare-Medicaid. With our age group virtually 98% of all our patients are on Medicare or Medicaid. This office sees that all requirements of Title 18 and 19 are met in order to qualify for payment. We have some 650-700 Medicaid patients at all times.

We also have the Post Office and Personal Fund Office as part of the Registrar Division. This office serves the patient and employee population by selling stamps, money orders, handling mail, issuing money for patients' personal use and receiving patients' money toward care and maintenance and receiving traffic fines or any other money due the hospital. Transactions varying from \$25,000 to \$30,000 per week are handled through this office.

The past year, we saw many changes in operation. We had reduced funds, frozen positions and people worked very hard under difficult circumstances to do a good job. This was seen throughout the hospital but we were able to do the job by having competent dedicated employees who went that extra mile.

SUPPLY AND SERVICES DIVISION

The Supply and Services Division continues to requisition, store and issue supplies to all areas within the hospital and other SCDMH facilities including MVADAC, Autistic Children's School and BPH. Records on

expendable and non-expendable items are maintained and inventories held periodically.

The department is seeking to purchase clothing which will improve residents appearance and will do away with the institutional look.

For the fiscal year 1981-82 the Department of Corrections has laundered 3,337,320 pounds of laundry at a cost of \$367,105.20. Bath towels, washcloths, underwear, socks and other items of clothing are laundered at CFSH.

The Canteen continues to make available new items at the request of residents and employees. The sales for fiscal year 1981-82, excluding vending machine sales, amounted to \$179,123.08.

ENGINEERING DIVISION

The Engineering Division continued to provide necessary maintenance and repairs to hospital facilities along with minor construction and alteration projects as required to satisfy accreditation requirements. Priority efforts have been focused on work involving patient comfort, patient/employee safety, and accreditation criteria.

The Division's authorized personnel strength remains at 85 spaces. Hiring restrictions during the year, as a result of budgetary limitations, resulted in assigned strength dropping to an all time low of 76 personnel. Several of the vacancies entailed positions vital to the smooth continued operations and posed many problems.

Capital improvement projects awarded by contract consisted of installation of fire and/or smoke dampers in duct penetrations of fire/smoke stop partitions throughout the hospital. Dampers will be activated by detectors installed in the ducts. Activators will shut down the fresh air fan(s) and be identified on the annunciator panel within the respective building. This Project #J-12-023 was awarded to W. B. Thomasson Company and is now approximately 95% complete. W. B. Thomasson Company was also the low bidder and was awarded the job of replacing all tubes in the steam boiler at Ward Building #10. A & P Electric Company was awarded a contract for installing the new replacement indoor 1000 KVA G. E. Transformer at the Energy Plant and also installing motor phase protection for the Centrovac Chiller Motor along with necessary ampere and voltage meters to enable readings on all three phases. Contract work was awarded to Eddins Electric Company, Inc., to replace several rotten power poles, cross arms, insulators and guy wires on campus. We experienced several blown out power cables caused by squirrels or rats gnawing through cable insulation. In each instance the blow-out occurred near the neck of the pipe conduit on the power poles feeding pad mounted transformers at Buildings #13, 18 and Canteen. Contractor installed splices enabled us to restore power in each initial case. However, the second occurrence at Building #13 necessitated re-

placement of power cables, brackets and terminals. Niggel and Associates was awarded contract for cleaning, regrouting, and polishing the terrazzo floor in the dining room, kitchen and dishwasher rooms of Ward Building #6.

A number of "in-house" alterations and minor construction jobs were completed during this year in a continuous effort to improve operating conditions, satisfy accreditation requirements and eliminate fire safety deficiencies. Although not listed in any relative order of importance, some of these jobs entailed removing cooking grills from all ward building dining rooms to eliminate deficiencies of not having exhaust hoods and automatic fire extinguishing systems. The use and advantage of having these grills did not justify the added expense of installing required protection. Incandescent emergency night lights were installed in Ward Buildings 8, 10, 12 and exterior flood lights were installed at the rear of Ward Building 7; emergency electrical power was extended to the Laundry and all emergency and exit lights tied in; provided emergency power outlets within ten feet of fire /smoke damper installations for tie in by the contractor; altered designated rooms in Ward Buildings 2, 18 and Shand to accommodate Resident Care Offices III, I, and II respectively; office space in basement of Ward Building 1, formerly occupied by all Resident Care, was converted to Physical Therapy space to facilitate patients in Building #1 and eliminate the need for transporting these patients to McLendon Building for PT; privacy screens were installed in the dining area of Ward Building 7 to provide two visitor rooms; handrails were installed from the dining rooms in Ward Building 2 and 3 to the dayrooms on Wards 134 and 135 and Wards 114 and 115 respectively; hangers with hanging baskets, mirrors of various sizes and pictures have been installed throughout all hospital wards and shuffleboard courts have been painted on the floors of Ward Building 6 and Fisher Auditorium — all of which are designed to improve therapeutic environment.

In addition to the alteration and minor construction projects, each branch has been busily engaged in day to day maintenance and repair of buildings, equipment, vehicles, and grounds. Trouble calls received from hospital agencies have been promptly corrected. Many areas have been painted during the year and efforts have been continued in development of projected long range schedule.

The Transportation Branch has provided necessary transportation and motor vehicle repairs in support of the hospital needs. Maintenance and Supply support has also been provided Bryan Psychiatric Hospital and Morris Village. Each daily dispatch sedan assigned to CFSH has averaged approximately 1,117 miles per month and our assigned drivers have had only two minor accidents. One of those was no fault of our driver.

All engineering division personnel worked very hard in correcting deficiencies and improving facilities in support of accreditation criteria

and well earned their portion of the two year accreditation award.

FOOD SERVICE DIVISION

Food Service continues to prepare and serve attractive, highly palatable and nutritious meals to patients and employees at Crafts-Farrow State Hospital, Bryan Psychiatric Hospital, and Earle E. Morris, Jr., Alcohol and Drug Addiction Treatment Center. Approximately 2,121,330 meals were prepared during the past fiscal year as reflected below:

Crafts-Farrow State Hospital	1,730,018
Bryan Psychiatric Hospital	225,707
Morris Village	165,605

In addition to regular food preparation, Crafts-Farrow Hospital Food Service provided therapeutic diets for Byran Hospital and Morris Village.

Crafts-Farrow State Hospital provided food for several Workshops during the year including the 8th Annual State-Wide Conference on meeting the needs of the elderly.

During the year, Crafts-Farrow Nutritionists conducted in-service education classes for Food Service Personnel on a variety of pertinent topics.

Some old equipment was replaced with new equipment during the year.

The Food Service Division is composed of one Food Service Director III, one Food Service Director I, ten Food Service Supervisors and approximately 120 supportive personnel.

HOUSEKEEPING DIVISION

During the Fiscal Year, 1981-1982, Housekeeping Division worked very hard preparing for the JCAH Survey. Improvements were made in housekeeping techniques and better cooperation between Departments was achieved. Work efforts were expended improving the Therapeutic Environment. New pictures were hung, plants were placed in appropriate areas, and curtains were replaced on as many wards as possible. We hope to continue to make improvements in the therapeutic environment in an effort to provide a pleasant atmosphere for the residents to live in.

Several on-campus inservice programs were attended by all Housekeeping employees. In addition, several employees attended workshops at SCDMH. Three employees attended the Annual Pest Control Operators Seminar, sponsored by Clemson University. Two employees attended a Carpet Care Seminar. We will continue to upgrade the skills of the custodial personnel by providing inservice training whenever possible.

Our goals for Fiscal year, 1982-1983, are to: (1) improve environmental care for the residents of Crafts-Farrow State Hospital; (2) to search for new and improved methods of cleaning and sanitation of patient buildings; (3) to try out new housekeeping techniques; and (4) to provide the best quality housekeeping for this hospital.

PUBLIC SAFETY DIVISION

The Public Safety Division's responsibility of providing security and protection of patients, employees and visitors, includes investigation of all types of cases in the enforcement of State and local, criminal and traffic laws applicable to the hospital. Constant patrols are made on the property to ensure compliance with hospital rules and regulations. Additionally, this division issues passes and controls the usage of lake property which is used for activities by patients and employees.

This Division continues to upgrade the ability and knowledge of each officer through the use of specialized training and education provided by the Department of Mental Health, ETV, State Fire Inspector's Association, SLED, State Fire Academy, and the S. C. Criminal Justice Academy.

During the year, a total of 65,351 miles were driven in patrolling the grounds, answering calls and transporting patients. There were 4,589 calls answered which resulted in 367 cases being investigated and reports written. Types of cases investigated and reports written include: Auto Accidents, Petit Larceny, Patient Injury, LWP, Contraband, Trespassing, Disorderly Conduct, Patient Abuse, Obscene Phone Calls, Grand Larceny, Drugs, Housebreaking and Larceny, Forgery, Fires, Drunks, Malignant Mischief, Lost and Found and other miscellaneous. Officers gave out 737 warning tickets and 128 summons for traffic violations. As a part of efforts to control contraband and theft, 2,006 vehicles and 214 employees, were searched.

Fire and Safety:

The Fire and Safety subdivision operates within the perimeters of the Public Safety Division.

A greater degree of protection for patients, employees and visitors has been achieved because fire and safety awareness has become a vital part of our hospital's daily routine.

Special one hour training classes were conducted in emergency evacuation carries for nursing personnel on all shifts. Each class had to actively participate in a discussion and demonstration of emergency carries in order to effectively evacuate patients with limited mobility in case of fire or disaster.

Orientation classes were held for 128 new employees during the past fiscal year.

During the fiscal year, there were 7 general combustible and electrical fires reported. No injuries were noted and property damage was minimal.

Required fire reporting and procedures were drilled and discussed on all three shifts for a total of 472 combination drills and discussions.

There were 524 job related injuries reported this past fiscal year, 118 of which were recordable (i.e., time lost from work as a result of the injury).

A total of 61 building fire alarm tests were conducted this past fiscal year. All deficiencies were corrected accordingly.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

GOAL: To educate mental health professionals and further the knowledge of neuropsychiatry by research.

A review of Fiscal Year 1981-82 reveals that the goal of the Institute is being pursued and attained. We continue to evaluate and upgrade our training methods, research projects, and services given to patients at the Institute to support the training programs.

A total of 1,553 trainees were in training during the year:

General psychiatry training	20
Child psychiatry training	6
Administrative fellows	1
Psychology interns	5
Nursing students	69
Clinical pastoral trainees	13
Social work placements	4
Recreational therapy interns	16
Music therapy interns	5
Occupational therapy interns	1
Art therapy interns	1
Pharmacy students	17
Psychopharmacy interns	4
Vocational rehabilitation interns	2
Mental health counselor interns	1
USC medical student clinical psychiatry rotation	34
USC medical student clinical neurology rotation	33
Psychiatry electives	19
Continuing education programs	1,302

Our research program continues to improve; the number of research projects and the number of papers have increased. Thirty-three papers by members of the Institute faculty were accepted for publication by various journals.

A rehabilitation-reintegration developmental pilot project for chronic psychiatric patients was developed in the Institute during this year to demonstrate and test the feasibility of effectively integrating hospitalized, chronic psychiatric patients into the community. Structured focus is given to the transition phase, i.e., discharge readiness, placement, and follow-up.

Improvements were noted in the number and quality of students entering our training programs. General psychiatry residents increased from 15 to 20 and child psychiatry residents from 5 to 6. A psychopharmacy internship for pharmacy undergraduate students was established with four interns in this program. This internship offers exposure to all types of psychiatric disorders and teaches the intern to select the most appropriate pharmacological treatment. An administrative fellowship program was established with one trainee enrolled, and a mental health counselor internship program was established with one trainee enrolled.

This was a very successful recruiting year with nationwide searches resulting in employment of a Director of the Adult Outpatient Clinic, a Teaching Psychiatrist, a Teaching Neurologist, and a Director of Nursing. Recruiting efforts are currently underway for two Teaching Child Psychiatrists and a Chief of the Adolescent Inpatient Unit.

During this fiscal year, 629 patients were treated as inpatients for a total of 40,746 inpatient days and 1,841 partial hospitalization patient days. 7,109 outpatient visits were recorded. Because of the larger number of physician trainees, each of the above figures shows an increase over last fiscal year.

The William S. Hall Psychiatric Institute and the Department of Neuropsychiatry and Behavioral Sciences of the University of South Carolina (USC) School of Medicine continue to maintain a close liaison and working relationship with an integrated faculty. The Associate Director of Professional Services at the Institute was appointed Vice-Chairman of the Department of Neuropsychiatry and Behavioral Sciences. The USC medical students take clinical rotations in psychiatry and neurology at the Institute. The national tests scores for medical students and psychiatry residents are at or above the national average.

With the budget cuts, close scrutiny was given to each program and service to determine appropriate priorities. It was necessary to merge the Department of Clinical Services and the Department of Research and Training into one department named the Department of Professional Services. The Institute's organizational structure now consists of the Department of Administrative Services under the leadership of Mr. Leland M. Stone as Associate Director for Administration and the Department of Professional Services under the leadership of Dr. Donald W. Morgan, Associate Director for Professional Services, with both departments operating under the Office of the Director.

Seven psychiatric residents submitted papers for consideration for "The Joe E. Freed Award" which is given annually for the most outstanding paper written by a physician in training. The award was won by Cynthia S. Hamilton, M.D., for a paper entitled "When A Patient Suicides."

A highlight during this year was a survey by the Joint Commission on Accreditation of Hospitals which resulted in full reaccreditation.

DEPARTMENT OF PROFESSIONAL SERVICES

General Psychiatry Residency Training Program

The General Psychiatry Residency Training Program recruited six new residents for the PGY I year, July 1, 1981, through June 30, 1982. Four of these PGY I residents, began their training in July, 1981; one began his training in September, 1981; and one in February, 1982. In addition, one new PGY II resident and one PGY III resident were added to the program on September 1, 1981. There was a total of 20 general psychiatry residents in training during the year 1981-1982. One completed three years of postgraduate training in the general program and transferred to the Child Psychiatry Fellowship Program in November, 1981, with plans to continue in that program for two years, which would give her a total of five years' training in the combined programs. Four residents who had been in the General Psychiatry Resident Training Program for PGY I through PGY IV completed their training in June, 1982.

The expanded didactic curriculum and clinical rotations continued in the areas of primary care in family practice, internal medicine and pediatrics; neurology inpatient and clinic, adult inpatient psychiatry, adult outpatient and child/adolescent psychiatry, community and forensic psychiatry, consultation liaison/emergency psychiatry, geriatric psychiatry, research and electives. Regular weekly consultation teaching rounds on medical problems in psychiatric patients was continued with specialists from the Department of Internal Medicine of the U.S.C. School of Medicine as consultants. The clinical assignments and teaching rotations for residents in the affiliated hospitals and facilities of Richland Memorial Hospital and the William Bryan Jennings Dorn Veterans' Administration Medical Center were continued as a valuable part of the program.

The Psychiatry Residency In-training Examination, a national examination now sponsored by the American College of Psychiatrists was given in the fall of 1981 with residents and child fellows participating in this two part examination. The scores represented baseline scores at the beginning of psychiatric training at the Institute. The data indicated that deficiencies seen in beginning residents were being removed as the residents received more training. One outstanding score of 722 on biological psychiatry was made by an advanced resident, and a score of 747 on

diagnostic procedures by an advanced student was the highest score in the nation in this category.

A training grant application and proposal titled "Psychiatric Training and Mental Health Services for Unserved and Underserved Populations" was developed and submitted September 29, 1981, to the Department of Health and Human Services of the National Institute of Mental Health. The NIMH Psychiatry Education Review Committee recommended approval of the application at \$40,000 per year for two years. The National Advisory Mental Health Council concurred with their recommendation, and a priority score of 240 was given. Unfortunately, however, because of federal budgetary cuts and limitations, money for funding this approved grant was not available. The NIMH Psychiatry Education Branch also advised that in order for funding to be resumed there would have to be more money appropriated by Congress, which seemed quite unlikely for this year.

Active and energetic recruitment efforts on a regional and national basis were continued with a gratifying increase in the number of applicants from American medical schools accredited by the LCME. Five of these applicants matched through the National Resident Matching Program to begin their first postgraduate year of residency training (PGY I) July 1, 1982. One additional resident, also a graduate of an American LCME-accredited medical school, was signed to begin his PGY II year on July 1, 1982, following his completion of his internship (PGY I) in pediatrics. A total of 22 general psychiatry residents are scheduled to be in the training program as of July 1, 1982.

Child Psychiatry and Fellowship Program

The Child Psychiatry Fellowship Program recruited five new fellows during the 1981-1982 year; one of these fellows transferred into the program was the General Psychiatry Residency Training Program, and one joined the program in January, 1982, on a half-time basis. Two of these fellows resigned from the program during the year — one due to health reasons and one to accompany her husband on a sabbatical. The fellow who resigned for health reasons returned June 1, 1982, to complete his training. There was a total of six child psychiatry fellows in training during the 1981-1982 year. One fellow completed her training in March, 1982, and joined the faculty of the Institute and one transferred to the General Psychiatry Residency Training Program on July 1, 1982.

One of the major projects for the Child and Adolescent Psychiatry Service has been a curriculum development project. The faculty has now begun a process of formulating goals and objectives for each major didactic and clinical experience in the Child Psychiatry Fellowship Program. It has also resulted in a revision of the lecture series for child psychiatry residents. In addition, throughout this past year, the Pediatric

Consultation-Liaison Service provided to Moncrief Army Hospital's Pediatric Clinic has been fully developed. This rotation has been one of the most highly-rated experiences by the residents when they evaluate the Child Psychiatry Fellowship Program. The rotation schedules have been revamped, and these have been published in the residency handbook. During this past year, mechanisms for input by the child psychiatry fellows in the evaluation of their training program have been established. This has involved the development of mechanisms for improved evaluation of fellows by supervisors, as well as development of a mechanism for child psychiatry fellows to evaluate their supervisors in an anonymous manner. In addition, they have developed a mechanism for child psychiatry fellows to evaluate all of their lectures and conferences immediately after each conference, and these have been used to continue to revise the curriculum. A mechanism for the child psychiatry fellows to evaluate various service components and clinical rotations in their training has also been developed.

Two new child psychiatry fellows were recruited to begin their training July 1, 1982; however, one of them had to delay the start of her fellowship at this time. A total of four child psychiatry fellows are scheduled to be in the fellowship program as of July 1, 1982.

The major mission of the Child and Adolescent Psychiatry Service is to provide research and training opportunities through its clinical services. In the past year, clinical training has been provided to six child psychiatry fellows, six general psychiatry residents who were doing their child psychiatry rotation, five psychology interns, third-year medical students from the U.S.C. School of Medicine, and fourth-year medical students from the U.S.C. School of Medicine. In addition, research has been going on in both the Outpatient Clinic and the Diagnostic Nursery.

Psychology Service and Internship Program

The Clinical Psychology Internship Program recruited five interns for the 1981-1982 year.

Psychology continues to be represented strongly in the other training programs within the Institute — the General Psychiatry Residency Training Program, the Child Psychiatry Fellowship Program, the Nursing Education Program, the Social Work Placement Program, the Pastoral Education Program, the Activities Therapies Internship Program, as well as some of the training areas associated with U.S.C.

The Education and Training Board of the American Psychological Association will be making a site visit to the Clinical Psychology Internship Program sometime between November, 1982, and April, 1983.

Psychology Service sponsored a continuing education program in January entitled "Covert Conditioning: Assumptions and Clinical Applica-

tions." The speaker was Joseph R. Cautela, Ph.D. There were approximately 70 in attendance.

Pastoral Education Program

There were four chaplain residents enrolled in the Clinical Pastoral Fellowship Program.

Four undergraduate students participated in the "Theology and Therapy Undergraduate Clinical Program" which was offered during January, 1982. This clinical interim project has pregraduate school purposes of assisting the college student in his or her understanding of mental health, and preprofessional reflection on religion and medicine. Four seminary students in the summer basic clinical pastoral education program graduated at the end of August, 1981.

The tenth annual Pastoral Care Symposium, "Pastoral Ministry to the Broken Hearted and Stress Ridden," was held December 7, 1981. Dr. Wayne E. Oates was the speaker. There were 225 in attendance.

238 community clergy, undergraduate students, and seminary students participated in the various programs of the Pastoral Education Service.

Activities Therapies

During the 1981-1982 year, Activities Therapies had a total of 23 students in the various internship programs (16 recreation therapy interns, 5 music therapy interns, 1 occupational therapy intern, and 1 art therapy intern).

The Art Therapy Department sponsored a symposium entitled "Mirrors, Passages, Plays" on March 29, 1982, which was attended by approximately 70 people. The Art Therapy Department established a training contract with the U.S.C. and expanded its staff by one. In order to support the art therapy training program, the Art Therapy Department provided art experience for patients with a wide range of physical and emotional disorders.

The Music Therapy Department had five major projects and case studies completed that relate to the use of music therapy in a psychiatric facility. The Music Therapy Department provided therapeutic music activities for all inpatients, the Day Treatment Center, and the Adolescent Unit in order to support the music therapy training program.

The Occupational Therapy Department was restarted and a chief of Occupational Therapy and a staff occupational therapist position was cut through the "Reduction in force" procedure. Contact was reestablished with eight training universities. In order to support the occupational therapy training program, the Occupational Therapy Department provides occupational therapy interns with the opportunity to experience involvement in the areas of inpatient and outpatient psychiatry, neurol-

ogy, child and adolescent psychiatry, and the Rehabilitation-Reintegration Developmental Pilot Project.

In October, 1981, the Recreational Therapy Department at the Institute was announced as the winner of a special service award sponsored by the S. C. Recreation and Parks Society. Recreation therapy interns were provided with an opportunity to experience involvement in inpatient and outpatient psychiatry, neurology, child and adolescent psychiatry, and the Rehabilitation-Reintegration Developmental Pilot Project.

Clinical Pharmacy

The Clinical Pharmacy Department had a total of 21 students in its training programs (17 students from the U.S.C. for their four-week psychopharmacy rotation and 4 undergraduate students from the U.S.C. for a six-month internship). In support of its training programs, the Clinical Pharmacy Department provided clinical services to the inpatient psychiatry, outpatient psychiatry, neurology, and child and adolescent treatment programs. During the past twelve months, the teaching Pharmacist has continued to be involved in clinical, education, and research efforts. The medication education program for patients continues to be successful. On November 5, 1981, a symposium entitled "Update on Psychiatric Medications" was held for nurses, and was attended by approximately 130 nurses. During the year, numerous educational sessions related to psychotropic medications were provided; those attending the sessions included psychiatric residents, pastoral education trainees, activities therapies staff and trainees, vocational rehabilitation trainees, and pharmacy students. During the 1981-1982 year, the Teaching Pharmacist had two manuscripts submitted for publication, two manuscripts accepted for publication, one article published, five papers submitted for presentation at national meetings, four papers presented at national meetings, eight research proposals submitted, one grant proposal funded, and was selected to participate in a national seminar sponsored by the National Endowment for the Humanities on Informed Consent. The Teaching Pharmacist was also asked to be a consultant to the National Institute of Mental Health.

Vocational Rehabilitation

During the 1981-1982 year, two U.S.C. graduate students completed a Clinical Internship in Rehabilitation Counseling. The curriculum emphasized the interdisciplinary approach in psychiatric rehabilitation. Through the treatment team process and orientations, Institute staff and trainees were instructed about the philosophy and application of Vocational Rehabilitation services. Requests for Vocational Rehabilitation consultations were made at an average of 4.1 per week and an average of 17 referrals per month were made to vocational evaluation. Adjustment

Training, and Counseling. 42 patients were placed into community employment.

Social Work Service and Placement Program

Four students participated in the Social Work Placement Program during the 1981-1982 year (three graduate students and one undergraduate student). The Social Work Service provided services to support its training program including, but not limited to, psychosocial assessment, family counseling, and discharge planning for patients requiring social work intervention. Members of the staff continue to be involved in teaching and training activities, collaboration, and consultation, and consultation with trainees in the other disciplines including the General Psychiatry Residency Training Program, Nursing Education, Medical Student Education, and the Clinical Pastoral Education Program and Psychology Internship Program for which clinical supervision was provided.

A research proposal, "Friendship Center Study on Marital Partners with Psychiatric Problems," was submitted and approved by the Institute's Research Committee and the Grants Review Board of the SCDMH.

Social Work Service was also instrumental in the establishment of a network of psychiatric genetic clinics throughout the state and was involved in planning and participating in the Fourth Annual Conference on Minorities.

Nursing Service and Educational Programs

There was a total of 69 nursing students in the Nursing Education Program during 1981-1982. These students represented three schools under contract: Orangeburg Regional Hospital School of Nursing (diploma), York-Lancaster USC (associate degree), and Coastal USC (associate degree).

Seven staff nurses completed the Nurse Clinician Program. The objectives of this program are to provide a course in current psychiatric theory and clinical experience to enhance the Institute's mission to provide research and training.

During the 1981-1982 year, the Nursing Inservice Education Program offered many courses to all levels of personnel at the Institute.

On April 23, 1982, a workshop, "Strategies of Test Taking," was offered by the Nursing Education Program. A total of 62 graduates attended this workshop.

Neurology Service

Neurology Service provided education in neurology to psychiatric residents and medical students rotating through the Neurology Service

during the 1981-1982 year by providing teaching rounds, neurology conferences, and individual supervision.

Bed occupancy was maintained at the 80 percent level or higher.

General Psychiatry Inpatient Service

Taylor East has been reopened as the Rehabilitation-Reintegration Developmental Pilot Project which increases the inpatient-bed capacity from 108 to 130. This pilot project was established to test the feasibility of effectively integrating hospitalized, chronic psychiatric patients into the community. The Inpatient Service maintained a minimum of 86 percent occupancy rate. The Inpatient Services provided clinical services to support the training of psychiatric residents, medical students, nursing students, activities therapists interns, and pastoral education residents.

General Psychiatry Outpatient Service

During the 1981-1982 year, general psychiatry residents, psychology interns, nursing students, medical students, and social work interns rotated through the Outpatient Service where they were provided clinical services to support their training.

The Outpatient Service continued to be involved in the community mental health system for the purposes of training and public service.

The Partial Hospitalization Program sponsored a symposium entitled "Perspectives on Treatment of the Chronic Mental Patient" on May 25, 1982. Approximately 120 people attended this symposium.

Research Services

Ongoing research by the Ensor Foundation Research Laboratory resulted in the publication of four papers and one book during the 1981-1982 year. In addition, three papers are in press, two papers have been submitted for publication, and two papers are scheduled to be presented at a national meeting in August, 1982. One book is currently in press and another book is in progress. Five research projects were submitted for funding, and two of these received financial support.

In November, 1981, the Ensor Foundation Research Laboratory sponsored the eleventh annual research symposium entitled "Neurobehavioral Dysfunction Induced by Psychotherapeutic Agents: Neurophysiological, Neuropharmacological Basis and Clinical Implications." Approximately 175 people attended this symposium. Several books from various publishers were collected for display at the symposium and were donated by the publishers to the Professional Library of the Institute.

Ongoing research by the Genetics Laboratory resulted in acceptance of four protocols, the presentation of two papers at national meetings, and the presentation of three papers at regional meetings.

The Genetics Laboratory formed collaborative relationships with the

Veterans Administration Medical Center Department of Pathology and the USC Department of Biochemistry.

Training in psychiatric genetics was offered to psychiatric residents and any other interested trainees.

The Genetic Counseling Clinic is currently an evaluation service which functions with the Outpatient Service, providing referral service for Institute staff and residents. In addition, during this fiscal year, the service has been extended with four regional clinics held quarterly. These clinics receive referrals from a genetic coordinator appointed at each mental health center. The Clinic maintains strong ties with the statewide genetics program. The Clinic is the referral clinic for all of the state genetics clinics for psychiatric genetic counseling. Monies received from the National Genetic Diseases Act Grant have provided reference books housed in the Clinic and educational support during educational workshops in the state.

Medical Student Education Program

Approximately 50 first-year medical students came to the Institute during the 1981-1982 year. They attended a conference at the Institute in which two local physicians, a pediatrician and an internist, talked with them about the importance of listening to the psychological problems of their patients. They made videotapes of life-history interviews which were reviewed by the Institute faculty and also did team interviews of patients to reinstate the importance of interviewing.

Medical students in their second year did videotapes of mental status examinations on inpatients. They came to the Institute in small groups for feedback sessions on their videotaping experience. There were approximately 44 second-year students at the Institute during the 1981-1982 year.

There were approximately 34 third-year medical students who did a 6-week, full-time psychiatric rotation at the Institute. These students were involved in ward work and on the Child and Adolescent Service. 33 students rotated through the Neurology Service at six-week intervals on neurology clerkships.

Four senior medical students who had not passed the National Board Examination did part-time remedial work at the Institute for an eight-week period.

Six fourth-year students did M-IV credit electives in child psychiatry and neurology, and thirteen fourth-year students did noncredit electives in psychology.

Continuing Medical Education Program

Five continuing medical education programs were conducted during the 1981-1982 fiscal year. The programs dealt with a variety of topics and

featured outstanding, nationally-known speakers. The topics presented included:

“The Evaluation of Suicidal Intent”

“Stress Factors In Patient Care”

“Neurobehavioral Dysfunction Induced by Psychotherapeutic Agents: Neuropharmacological Basis and Clinical Implications”

“Issues and Reflections — A Psychiatric Update”

“Recognition and Treatment of Depression in Office Practice”

The total attendance for these programs was 451 and included 368 physicians and 83 nonphysicians. A total of 19.5 AMA Category I Credit Hours were offered.

DEPARTMENT OF ADMINISTRATIVE SERVICES

At the beginning of FY 1981, ambitious goals were established for the Institute Administrative Services. Those major goals were: A) to consistently improve the administrative functions of the Institute's Administrative and Clinical activities by improving interface and communication between clinical professional and administrative elements. B) to achieve maximum administrative support to all clinical-professional activities. C) to insure that every clinical professional staff member has the opportunity to devote most of his or her time and effort to clinical research or teaching matters. D) to carefully monitor budgetary manpower resources to insure that the Institute is achieving the maximum clinical research and training excellence possible.

Despite severe budgetary reductions and other constraints, the goals established for Administrative Services were accomplished. A longstanding goal of both the Department of Mental Health and the Hall Institute was realized with the establishment of the position of Associate Director for Administration. As the teaching and research facility for the Department of Mental Health, the Hall Institute has for many years been an innovative, creative, and leading force in mental health education and research in South Carolina. With the establishment this year of the position of Associate Director for Administration, an Administrative Fellowship was initiated. The Administrative Fellow was provided with an opportunity to bring to the Institution and to apply therein, specific principles and skills acquired in graduate education while strengthening the understanding of the application of such knowledge within the organizational setting. During the course of the Fellowship training, the Administrative Fellow had an opportunity to participate in many ongoing projects and in so doing made significant contributions. The first Fellowship training experience was highly successful. As this program

progresses, the potential for developing future managers for the Department of Mental Health is bright.

There has been a need for many years in the Institute to provide front-line administrative support to the clinical professional activities. This need was met by providing an Administrative Assistant to support the Associate Director for Professional Services and his clinical education and research activity. It was recognized that the complexity of the training programs as well as all of the research activities required skilled professional administrative backup. Having this support has proven to be successful and will continue to be more successful as fine-tuning occurs throughout the coming year.

Budget reductions as well as reductions in other areas has made the skillful and intensive management of resources an absolute necessity. Recognizing this fact, an initiative put into place was to establish an Institute Budget Advisory Committee. This committee functions as a standing committee for the purpose of advising on all matters concerning budget and programs. Its objectives are to assure that there is an integrated committee effort to prioritize all resource allocation. In addition, the committee is responsible to insure that the Institute develops and maintains a coordinated plan in that all resources are committed toward the accomplishment of the stated goals, objectives, and mission of the Hall Institute. The Program Budget Advisory Committee, chaired by the Associate Director for Administration, has proven to be successful in insuring input from key staff members resulting in appropriate allocation of all available resources.

During the past year there has been an emphasis placed on developing and implementing systems which will increase the effectiveness of the Administrative Support Services delivered. Accordingly, new systems have been implemented in the areas of personnel management, supply and services, maintenance, and housekeeping, resulting in significant improvement in the provision of these services. Other areas have maintained a high-level of responsiveness; notably the Professional Library by researching more than 6,900 reference questions. Dedicated to providing the highest quality Administrative Support Services possible to the clinical-professional activities of the Hall Institute, the Administration pledges to continue to pursue this goal.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

Fiscal year 1981-1982 was the most productive and stable year in BPH's short history (first patient admitted in February, 1978, and became fully operational for 28 county catchment area in May, 1980). The productivity of the year is indicated by the statistical data of 2,958 patients admitted during the year as compared to S. C. State Hospital's total of 2,823 patients, which includes the Court Unit and the Child and Adolescent Unit. BPH averaged 246.5 admissions per month with average length stay of 23.7 days.

The Department of Mental Health policy which began July 25, 1980, of directly diverting the long-term, chronic, multiple admissions patients (as a general rule, more than 9 admissions) to SCSH has saved BPH from becoming predominantly a chronic facility and has allowed BPH to continue functioning as an intensive treatment, short-term facility. Even though BPH's average length of stay is 23.7 days, some patients are kept 60 to 90 days when it appears that this additional treatment can return them in a stable condition to their community. Approximately 5.2% of total admissions to BPH are later transferred to SCSH for longer term chronic care after stabilization attempts at BPH are unfruitful. A more positive look at this statistic reveals that BPH treats and discharges to the community over 90.0% of total admissions.

In spite of SCSH's mission of assuming the role of accepting the longer term chronic care cases, BPH is still plagued with intermittent overflow situations and during FY 81-82, 330 patients were diverted to SCSH due to overflow at BPH. One attempt to limit this overflow situation was to open the last remaining lodge (Lodge E) which was partially accomplished (two of the three pods, the third pod being utilized by the Vocational Rehabilitation Service) in May, 1982. However, the additional beds opened by this accomplishment were off-set by the necessity of renovating one of the lodges (Lodge H) to be used as an acutely disturbed (assaultive, etc.) unit — one pod for females and two pods for males. The 15-bed disturbed unit in the original design on the second floor of the Administration Building had proven too small and caused numerous management problems, necessitating this change, which was especially desirable to accomplish prior to JCAH survey. The new acutely disturbed unit (Lodge H) will be functional in July, 1982, and will greatly enhance our treatment capabilities for this difficult segment of the patient population and will provide more JCAH acceptable seclusion rooms. By September, 1982, the last remaining unopened 12 beds at BPH (Lodge E, one pod) will become functional by relocating the Vocational Rehabilitation Service to the second floor of the Administration Building, thus increasing

the number of female beds by 12 and hopefully eliminating the episodic female overflow to SCSH.

Fiscal year 1981-82 saw a stabilization of critical personnel at BPH. The problem of nursing recruitment and retention was greatly alleviated and as of June 30, 1982, BPH had 43 registered nurses (RN's) and 39 licensed practical nurses (LPN's) with very gratifying esprit de corps. The fiscal year also saw for the first time a full complement of psychiatrists with no turn-over for a year. However, July, 1982, brought a turn-over of 3, causing some familiar, recurring recruitment problems.

Mr. Grady B. Wingard, BPH Hospital Administrator, who had been indispensable in nurturing BPH through its planning, opening and fully operational phases, was promoted to Deputy Commissioner of Administrative Services for the SCDMH, in June, 1982. Mr. Wingard will be sorely missed, but BPH is quite fortunate in having a person of Mr. James Lucas' caliber and experience assume the position.

A request for BPH's initial JCAH survey was delayed beyond July, 1982, while awaiting installation of additionally required smoke detectors and renovations of the seclusion rooms area. JCAH Accreditation is a top priority for FY 82-83.

On April 20, 1982, Commissioner Emeritus G. Werber Bryan was honored by the SCDMH at a special ceremony and BPH now proudly displays his portrait in the Administration Building.

COMMUNITY AND PATIENT RELATIONS

The Community and Patient Relations Service continued to manage the interfacing of Bryan Hospital services with the eleven mental health centers in the 28 county catchment area. This involved updating and working out revisions in the Memoranda of Agreement with the mental health centers. The revisions centered primarily around simplifying and increasing the effectiveness of the admission/referral processes. The social workers assigned as liaison persons to the individual centers maintain regular liaison through exchange of visits and frequent telephone contacts. A goal in the Community Relations area for the coming year is to collaborate with the mental health centers to increase the degree of involvement of families in the transportation/admission process.

The facility Patient Rights Program which is under the direction of Community and Patients Relations Service was fully implemented for the entire fiscal year. One-hundred-and-nineteen complaints/referrals were handled by the three Patient Rights Specialists. The nature of the complaints are categorized in the following chart.

<i>Category</i>	<i>Number</i>	<i>% of Total</i>
1. Reason for complaint originated in or by community factors:		
A. Court hearing date being extended . . .	22	
B. The emergency admission process	22	
C. Mistreatment by police	3	
TOTAL	47	40%
2. Originated in Bryan Hospital setting.		
Complaints about:		
A. Treatment, efficiency of staff, or hospital rules	28	
B. Conflicts with or alleged mistreatment by individual staff members	18	
C. Medications	6	
D. Other patients' behavior	4	
TOTAL	56	47%
3. Inappropriate		
A. No definable basis for	8	
B. Referred to appropriate BPH source . .	8	
TOTAL	16	13%
GRAND TOTAL	119	100%

The Patient Rights Specialists, with the cooperation of BPH staff, were able to satisfactorily resolve all of the complaints. Continued staff education and orientation to patient rights remains the major goal of the Patient Rights Program.

The major activities of the components under the Community and Patient Relations Service are reported as follows.

CHAPLAINCY SERVICE

The Chaplaincy Service with one full-time Chaplain and one part-time Chaplain provides religious coverage to all the patients at Bryan Hospital. In addition, a Catholic Priest visits patients of that affiliation on a weekly basis. Arrangements are made for coverage by community clergy when indicated. The pastoral services provided include worship every Sunday morning, special services during religious holidays, meeting with every new patient in a group setting to explain Chaplaincy Services, and leading with other disciplines various groups such as Religious Discussion, Awareness, Goals and Substance Abuse.

The Chaplain takes referrals from treatment teams and other services to make individual patient contact and to give pastoral counseling. The clergy provides spiritual care not only to patient but to employees when needed.

VOLUNTEER SERVICE

Throughout fiscal year 1981-82, Bryan Hospital's Volunteer Service, operating under the Community Relations Service, continued to encourage community participation and integration of community resources in hospital programs. Thirty-five regular service volunteers were recruited to work in one of eight different positions, including those involved in the Health Practicum Experience, contributing 2,740 hours of service (a 30% increase over the previous year). Volunteer groups contributed an additional 251 hours, 144 of which were contributed by volunteers from local churches who were very active in BPH's Special Programming series. In addition to 2,991 hours of manpower, Bryan Hospital received a considerable amount of material contributions which were used in the interest of patients.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service has again produced dramatic increases in casework. That production is significantly out of proportion to the increases in hospital admissions. During the year, the Vocational Rehabilitation Service staff interviewed 1,065 referrals or 36% of the total hospital admissions (a 20% increase over the previous year); of the 1,065 referrals, 523 or 49% were found eligible for Vocational Rehabilitation services (a 24% increase over the previous year); 120 clients participated in a new work adjustment program which was introduced mid-year; 419 of the 523 cases were transferred to Vocational Rehabilitation field counselor in area offices across the state for follow-up services in their home community (a 51% increase over the previous year); 96 clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation Service at Bryan Hospital. Through the efforts of the facility, 63 Bryan Hospital patients were rehabilitated this year at an average cost of \$40.00 per patient.

NURSING SERVICE

Nurse recruitment and retention has improved greatly during the 1981-82 fiscal year. There are now 44 R.N.'s and 36 L.P.N.'s with only 2 nurse vacancies and zero mental health specialist vacancies. Attention now has been directed toward enhancing psychiatric nursing skills. A psychiatric nursing course for all head nurses is in progress with plans to continue this program for staff nurses when this initial one is completed.

Implementation of nursing assessments and nursing care plans has also been a top priority. Greater emphasis has been placed on including nursing involvement on the treatment plan and improving documentation on the patient medical records. Inservice programs have been offered

to reflect this new emphasis and to improve the quality of all nursing documentation.

We continue to provide clinical experience for students from Core 2 and Core 4 programs of the USC College of Nursing.

SOCIAL WORK SERVICE

The Social Work Service has continued to be involved with each of the 2,958 patients admitted to Bryan Psychiatric Hospital during fiscal year 1981-82. Each of the 14 social workers with direct service responsibility averaged over 17 admissions and 17 discharges per month throughout the fiscal year. Social workers accounted for some 26,250 total hours of work during the year. Approximately 8 hours of social work time was available per patient during the entire course of treatment or less than 20 minutes per patient per day. This time was divided up among the following activities:

1. Patient and family interviews
2. Preparation of Socio-cultural History and Assessment Reports
3. Discharge planning and referral activities
4. Dictation and documentation
5. Treatment team attendance and participation
6. Group, individual and family therapy sessions
7. Staff meetings and supervision
8. Liaison activities, committee meetings, etc.

In spite of increased admissions and greater work demands during the fiscal year, progress has been made in the development and implementation of significant quality assurance activities. Regular structured medical record review became a reality. A process for the gathering of data on referrals including feedback on initial appointment follow through at mental health centers was implemented. This feedback process has also served as an additional mechanism through which mental health center personnel could express concerns, questions or problems to BPH personnel. Further development and revision of operational procedures and policy and procedure directives also took place during fiscal year 1981-82.

Social Work staffing was rather stable through the first 9 months of the fiscal year with the loss of only one staff member by resignation. However, the resignation of 4 staff members during the last 3 months, along with a corresponding freeze on hiring, had a severe impact on service delivery and the overall functioning of the Social Work Service. Unfortunately, the last 3 months of the year also brought more responsibilities with the addition of the designated examiners role. As the new fiscal year begins, 3 new staff members have been hired and another worker is being

recruited. It is hoped that reasonable stability will return soon so that we may adequately meet the challenges of the fiscal year 1982-83.

PSYCHOLOGY SERVICE

The Psychology Service staffing level has remained constant at 5 staff psychologists, 1 chief psychologist, and a psychological test technician despite an increase in the number of available beds.

During the year the Psychology staff has provided 756 individual therapy sessions, 533 group therapy sessions, 185 marital or family sessions, 1,455 initial screening interviews and over 400 psychological evaluations. They have seen 8,600 patients in their 2,676 hours of direct contact which amounts to 5,852 patient hours of service rendered. Additional work in treatment teams, rounds, and consultation accounted for another 1,598 hours.

The Psychological Test Technician completed the screening of 250 patients which accounted for a savings of over 500 hours of clinical staff time.

In March of 1982, certain Probate Courts began to request designated examinations be done within the facility and all psychologists were certified as examiners. In the four months following, 35 examinations were completed.

Due to a redefinition of priorities, the Psychology Service terminated its general program evaluation efforts and concentrated its efforts on intraservice quality assurance activities.

Despite the increased workload the staff managed to provide in-service education for other discipline and serve on committees which accounted for over 500 hours of service.

ACTIVITY THERAPY SERVICE

Activity Therapy Service has continued to provide diversified therapy programs through Art, Music, Occupational, and Recreational Therapy. Therapeutic services were also provided through Cosmetology and Patient Library.

Dual programming was again emphasized by providing structured goal oriented programs during weekdays and constructive leisure activities on evenings, weekends, and all holidays.

Goal oriented groups were geared to the treatment needs of patients with patient participation based on recommendations from treatment teams. Goal oriented groups were held Monday through Friday, 8:30 A.M. to 5:00 P.M.

Constructive leisure activities included a variety of cultural and special events, together with holiday programming. Constructive leisure activities were provided from 6:00-9:00 P.M., Monday through Friday: 8:30

A.M. to 9:00 P.M., Saturdays; and from 12:30-9:00 P.M. on Sundays.

Art Therapy has provided groups for all lodges and expanded services to include acute care units and constructive leisure activities programming. Exhibitions of patients' art work at the facility has remained a popular event.

Music Therapy continued to provide groups for each lodge and acute care units. In addition, a choir, talent shows, musicians' group, lodge music hours, and sing-along events were facilitated by Music Therapy staff. Music Therapy was also included in the constructive leisure activities programming and the Music Therapy Internship Program remained active.

Recreation Therapy provided various specialized groups such as swimming, weight training, jogging and leisure counseling. Movies, game-room, bingo, disco dances, and volleyball were among the most popular constructive leisure activities provided primarily by the Recreation Therapy staff.

Two registered cosmetologists utilized unisex techniques in providing cosmetology services to both male and female patients at the facility. In addition to essential cosmetology services, instruction in personal hygiene and appearance was available for all patients.

Library services for patients and staff were provided through the Professional and Patient Libraries. Services were expanded to include library openings in the evenings, weekends, and holidays. To further expand library services, the librarian visited each lodge and acute care units to insure the availability of library materials to as many patients as possible. Professional library provided valuable information to staff through journals, professional literature, video materials, cassette tapes and acquisition of other library materials through the Inter-Library Loan Service.

A facility newspaper, "The Village Voice," continued to be edited and published by Activity Therapy Service and was mainly geared to the interests of patients. However, the publication has been well received and highly commended by many sources within the SCDMH.

MEDICAL ADMINISTRATIVE SERVICE

During this fiscal year our admission rate has continued to rise with an increase of 112 patients over last year. A study of arrival time of admission shows that 51% arrived between 4:00 P.M. and midnight, 13% arrived between 12:01 A.M. and 8:00 A.M., and 36% arrived between 8:00 A.M. and 4:00 P.M.

The redesigned admissions area has proved to be more functional and has resulted in better utilization of personnel.

Although problems resulting from trips to the community taking patients for their court ordered examination and hearing continue to be a

daily chore, the actual number of trips has decreased slightly although more patients were transported. This resulted from more counties arranging for the examination and hearing to be held on the same day.

Total number of trips (examination and hearing)	1,360
Number of patients transported	2,692

In April, 1982, we began furnishing designated examiners for the courts when requested. For the three months in the fiscal year the process has been in effect, we have furnished 139 examinations for 65 patients with a total of 29 hearings held at the hospital.

During this year we have experienced a considerable increase in total amounts of correspondence processed compared with last year.

Received from other sources	842
Miscellaneous requests	752
Insurance requests	403
Vocational Rehabilitation requests	947
Total	2,949

Records Reviewed:

Medicare	233
Medicaid (Funds discontinued 5-31-82)	141
5th Admissions	545
Medicare/Medicaid	19
Total	938

Recertification	693
Denials	14

Word Processing has also had an increase of 3,683 minutes of dictation. Even though we had a considerable increase in the volume of work, our medical transcriptionists have shown much initiative regarding their work load and have increased their volume approximately 15%.

SAFETY AND PROTECTIVE SERVICE

The Safety and Protective Service continues to provide the necessary services to maintain a safe, hazard free environment for patients and staff. Again, this past year we did not experience any fires. We continue to train all staff on fire rescue procedures as well as law enforcement duties. All officers have been certified by the S. C. Criminal Justice Academy with the exception of two who are scheduled to attend in the Fall. We continue to express the need for a traffic control station at the main entrance to provide increased safety and security for the facility.

DIETETICS AND FOOD SERVICE

Bryan Hospital's Dietetics and Food Service provide regular and therapeutic diets to patients and employees. Approximately 218,476 patient meals and 13,305 employee meals were served daily during the past year.

Our dinner and supper meals continue to be prepared at Crafts-Farrow State Hospital Food Service and are transported to Bryan Hospital. We also provide nourishments to patients as needed.

MATERIAL MANAGEMENT SERVICE

The Materials Management Service has continued the procurement, to receive, safekeep, and deliver materials, equipment and supplies to all components of the hospital. The Housekeeping Service continued to maintain the facility in a clean, sanitary and attractive condition. The Linen Service continued to ensure the patient needs for linen and dry goods. The hospital canteen and vending machine operations continued a high quality of services provided for patients, staff, and visitors.

MAINTENANCE AND UTILITIES SERVICE

The Maintenance and Utilities Service has managed to keep pace with the routine and preventive maintenance procedures in spite of a shortage of personnel and an increase in the usage of the buildings. During the fiscal year two major projects were completed.

1. Construction of prototype nursing stations for all lodges.
2. Renovation of Lodge H to the Acute Care Units.

This component continued to provide vehicles and operators for transporting patients to the community for court hearings and examinations. During this fiscal year 302,299 miles were traveled.

PHARMACY SERVICE

The Pharmacy Service has strived and succeeded during the past fiscal year to utilize its budget, professional personnel and available physical structure to the maximum potential. Due to the increased drug distribution workload and increased clinical and administrative/managerial responsibilities, an additional registered pharmacist was added to the staff. This expansion of professional staff has improved the quality assurance of Pharmacy Service and has allowed BPH Pharmacy Service to extend its hours of operation to include Saturday mornings, most holidays, and prompt after hours Pharmacy consultation and assistance when necessary.

Professional time was utilized providing essential services such as review of physician medication orders, maintaining patient drug profiles, developing a hospital drug formulary, preparing a pharmacy newsletter, providing drug information to physicians and nurses, counseling patients about their medications, presenting a monthly psychopharmacology lecture for new nursing and other health care personnel, assisting nursing inservice with staff development programs involving drug therapy, and active participation on administration/clinical committees such as the Pharmacy and Therapeutics Committee and Infection Control Committee. All of the above professional services and an effective drug distribution system were performed as economically as possible.

The Bryan Hospital Pharmacy reviewed 51,067 physician medication orders to ensure efficacious drug therapy, proper dosage ranges and routes of administration, and to investigate potential untoward reactions involving medications. All of the above orders were profiled for monitoring as a patient's drug regimen progressed. The BPH Pharmacy processed 1,722 bulk drug requisitions which involved 6,721 types of request for medications for lodge use. The BPH Pharmacy dispensed 5,830 medications for individual patients for in-house use and processed 1,596 controlled drug requisitions. Pharmacy Service dispensed 2,304 discharge prescriptions.

Total drug expenditure was \$75,652. With 75,594 patient days, the drug cost per patient day was \$1.00 — a decrease of 3.1 cents or 3.0% from fiscal year 1980-81. The reduction in drug costs per patient day can be attributed to increased patient days (6.9%), minimum inventory during the last quarter, an increase in generic purchasing and substitution, reduction in quantity of controlled drugs and limited inventory of medications on the patient care units.

C. M. TUCKER HUMAN RESOURCES CENTER

Heralding its first major change in direction since 1971, Tucker Center was designated as the Teaching Nursing Home of SCDMH by the Mental Health Commission in July, 1981. Chosen to lead this new effort, Charles N. Still, M. D., was appointed Director of Tucker Center and Deputy Commissioner, Division of Long Term Care Facilities on July 17, 1981. Since July, 1965, Dr. Still had been Chief of the Neurology Service at the William S. Hall Psychiatric Institute, where he continues to serve as Clinical Professor of Neuropsychiatry and Behavioral Sciences in the USC School of Medicine.

As the Teaching Nursing Home, Tucker Center seeks excellence in 1) patient care 2) teaching 3) research and 4) community relations. As always, the primary focus remains directed toward providing quality

long-term care for patients by a multi-disciplinary professional staff under medical direction. In addition, a restructuring of the Staff Development Program has integrated educational resources and curriculum development for all disciplines in three major areas: orientation, inservice education, and continuing education.

Complementing its intramural programs, Tucker Center is expanding extramural alliances with institutions of higher education throughout South Carolina. Traditionally, the strongest ties have been developed with the USC College of Nursing, which has sent nearly 300 baccalaureate senior students for training in long-term care at Tucker Center since 1974. Other old friends are Benedict College (activity therapy) and the Medical University of S. C. (physical therapy). New friends include Midlands Technical College (practical nursing) and the Institute of Gerontology, University of Michigan (gerontology field placement). New areas of mutual cooperation are developing with other facilities of SCDMH, especially with William S. Hall Psychiatric Institute, which now sends senior residents both in psychiatry and in pastoral education for firsthand experience with geriatric patients at Tucker Center. Medical students from the USC School of Medicine now regularly visit the Center on their SCDMH orientation tour. Tucker Center presented excellent exhibits on the Teaching Nursing Home at High School State Careers Day in April, 1982 and at the S. C. Aging Network Conference in May, 1982.

To facilitate interdisciplinary cooperation, Tucker Center was completely reorganized beginning in July, 1981, comprising the following major components: Administrative, Ancillary, Medical, Nursing, and Quality Assurance. Moreover, credentialed and/or licensed personnel were appointed to the Joint Medical/Dental Staff in one of the following categories: Active, Consulting, Associate, Active Ancillary, Consulting Ancillary or Associate Ancillary. This phase of development was completed on June 11, 1982, representing another first for Tucker Center.

Despite a progressively shrinking budget, Tucker Center set new records for excellence in patient care during FY 1981-82. Reaching its early goal of 98% occupancy, Tucker Center received patients from SCDMH hospitals, VA hospitals and community hospitals throughout the year, functioning smoothly during the transition from PSRO to the Community Long-Term Care Case Management System, aided by an extramural SCDMH Utilization Review Committee selected by Federal guidelines. Judged by the strict criteria of the VA Muster in August, 1981, JCAH Long-Term Care Facilities Accreditation Survey in January, 1982, and by the S. C. Department of Health and Environmental Control Survey Team in June, 1982, Tucker Center received the best overall report in its twelve year history, with no significant deficiencies recorded. This achievement is all the more remarkable: among 25,000 nursing homes in the United States, Tucker is one of only 1,500 facilities which are

fully accredited by the JCAH Long Term Care Division for a period of two years. Moreover, under the guidance of Dorothy A. Greeter, RPT, a new Geriatric Rehabilitation Unit was begun in January, 1982, patterned after the original model at Maria-Joseph Living Care Center in Dayton, Ohio.

Budgetary constraints limited efforts to restore losses of personnel so that the authorized number of employees was reduced by 12% throughout FY 1981-82. During the second half of the year, the Center suffered grievously the unexpected deaths of the Reverend John Clarkson and Mr. William Conniff, who will be sorely missed.

Plans for the near future are principally concerned with occupancy of the Frank L. Roddey Pavilion in January, 1983, with admission of 308 patients from Crafts-Farrow State Hospital during the first quarter of the year. Strict staffing requirements in the face of declining revenues from State and Federal sources now casts a dark shadow over long-term care facilities in South Carolina. Whatever the future holds, Tucker Center remains wholly committed to quality patient care in the setting of the Teaching Nursing Home.

MEDICAL SERVICE

The Medical Service comprises the entire Active category of the Joint Medical/Dental Staff. Medical Staff meetings are held monthly in the Office of the Director, who serves as Medical Director and President of the Joint Medical/Dental Staff of Tucker Center. During FY 1981-82, the Medical Service consisted of three full-time physicians plus a consultant psychiatrist from the William S. Hall Psychiatric Institute. Future plans include additions of consultants in other fields and appointment of a Medical Service Chief, as budgetary constraints allow. During the year, sweeping changes were made in schedules and methods of conducting Patient Care Conferences. In order to foster interdisciplinary cooperation, the attending physician now writes new orders during revision of the Patient Care Plan so that other professional staff members can more directly influence management decisions.

NURSING SERVICE

Nursing Service at Tucker Center continued to improve the quality of patient care despite a shortage of licensed nursing personnel, complicated by budgetary limitations. On the other hand, a nursing personnel turnover rate of less than 7% indicates that efforts to retain staff have been highly effective.

In January, 1981, a new Thirty Day Treatment Record was developed and implemented. The purpose of the Treatment Record (TR) is to document patient care treatments in correlation with the Thirty Day

MAR, physician orders, and care plan. During implementation of this form, 69 Mental Health Specialists attended a six hour course of "Principles of Observation and Documentation."

In December, 1981, planning for the Geriatric Rehabilitation Unit (GRU) was begun. This program was planned so that physician, nurse, physical therapist, occupational therapist, speech therapist, social worker, and nutritionist are simultaneously involved in comprehensive approach to the rehabilitation of the elderly patient. Plans include teaching and training staff in rehabilitative nursing, along with involving patients' families in the rehabilitative process. The GRU utilizes 18 beds of Ward 114. Preliminary evaluation of this program indicates new benefits to patients, staff and family, including better understanding and acceptance of both physical and mental impairment. Not all goals have been met on schedule, since the shortage of nursing staff has slowed progress.

Nursing Education has continued with a multiphasic education program, with monthly offerings utilizing a "Topic of the Month" theme to meet identified staff needs to develop better performance for improved patient care.

Clinical experience was provided for 40 Nursing Students from the Baccalaureate Program, USC, College of Nursing, for 22 Practical Nursing Students from Midlands Technical College and for 25 Practical Nursing Students from S. C. Baptist Medical Center. Neither the biennial JCAH survey for Accreditation of Long Term Care Facilities, in January, 1982, nor the annual visit from SCDHEC in June, 1982, found any deficiencies in Nursing Service at Tucker Center. At the first annual meeting of the Joint Medical/Dental Staff on June 11, 1982, the following Nursing Service personnel were reappointed for two (2) years to the Active Ancillary Medical/Dental Staff.

- 21 Registered Nurses
- 12 Licensed Practical Nurses
- 1 Cosmetologist
- 1 Barber

For the year 1982-83 the goal of Nursing Service is continued excellence in patient care through the process of staff development, recruitment, and retention of qualified personnel.

ANCILLARY SERVICE

Reorganized from the former Professional Services, the Ancillary Services are making excellent progress under the newly appointed Acting Director, Roland W. Rainwater, M. Div.

MUSIC THERAPY

Music Therapy has been involved with eighty-six patients during the year. Activities include sing-along, chapel choir, socialization/listening group, dance therapy, and a new ward sing-along/rhythm group.

Music was supplied for all Sunday Worship Services either by the therapist or by a volunteer. The Music Therapist also assumed the responsibility of coordinating the chapel services for the six months Tucker Center was without a full time Chaplain.

OCCUPATIONAL THERAPY

The Occupational Therapy department continued with regularly scheduled groups and individual treatments. The staff attended Joint Staff and Patient Care Conferences regularly.

The Occupational Therapy department also assisted the Recreation Therapy Department with several activities during the year. These included the Halloween Carnival, the Tucker Center Pageant, Thanksgiving Dinner, the Valentine Party and the Circus. In addition OT sponsored two ice cream socials for patients at both Fewell and Stone Pavilions.

The Occupational Therapist taught rehabilitative nursing classes to the nursing staff involved in the Geriatric Rehabilitation Unit. Patient groups made Christmas ornaments that were placed within Tucker Center and Easter cards for patients in the GRU. They also made paper clocks to be used by nursing staff in rotating the position of bedridden patients.

PASTORAL CARE

Pastoral Care Service continued to provide well for the emotional and spiritual needs of residents, although the year was shaped by unusual events — a vacancy following the resignation of the Chaplain in May, 1981, to pursue other career plans; and the sudden death of his successor after approximately four months of service, on January 5, 1982.

Through a contract with Pastoral Education Service of William S. Hall Psychiatric Institute, four pastoral residents, enrolled in Clinical Pastoral Education, did their basic summer quarter placement at Tucker Center, contributing a total of approximately 52 hours weekly to visiting and counseling; and, in addition, they conducted worship regularly on Sundays on a rotation basis. The Chaplain began his duties on August 28, 1981, following the completion of the quarter placement service by the pastoral students. Although his tenure was unfortunately very brief, the ongoing work of Pastoral Care Service went well under his leadership. Initial planning was already underway in anticipation of promising developments as Tucker Center not only expands physically but also moves toward reaching the goals of the Teaching Nursing Home.

Following the Chaplain's death, regular Sunday worship services were maintained through an interim period by the assistance of a number of clergy, arrangements and coordination being provided under the supervision of the Department of Pastoral Education Service at WSHPI. Members of the latter's staff led services through March and other clergy from the community functioned in this capacity through June, 1982, when four pastoral residents from WSHPI came for a quarter's clinical placement. They are rendering a total of about 60 hours of pastoral care service weekly, including visitation, counseling, and Sunday services of worship. Chaplain Roland W. Rainwater, M. Div., began his service on July 2, 1982.

The Pastoral Care service will continue its role in fostering closer relationships between patients, families, and staff; Pastoral Care will become an integral part of the developing learning-growing context afforded by Tucker Center.

PHARMACY

The total number of individual prescriptions and bulk requisitions filled for Tucker Center was 21,312, an average of 85 prescriptions per day. This was an increase of 10.4% from the previous year.

Pharmacy service conducted reviews of patients' medical records on a regular basis, maintained drug profiles on each patient, and conducted inservice education for nursing students and nursing personnel.

Eleven pharmacy students from USC completed part of their clinical rotation at Tucker Center.

Pharmacy service is planning the opening of the new pharmacy at Roddey Pavilion, with implementation of a unit dose system for the facility during the first quarter of 1983.

PHYSICAL THERAPY

Statistics for FY 1981-1982 reflect a much greater turnover in the Physical Therapy department for the previous three fiscal years. Eighty-eight patients were seen in therapy this fiscal year compared to 74 patients in FY 1980-1981 and 73 patients in FY 1979-1980. Absence of the Physical Therapist for six weeks required the use of a consultant therapist for four hours per week. Currently 18 patients are receiving therapy, representing a 50% increase in patient load compared to a year ago.

Teaching responsibilities continue to include Basic Rehabilitative Nursing classes for new Mental Health Specialists on a Quarterly basis; providing a one hour class on transfer techniques, body mechanics, and ambulation training to student nurses; and providing four hours a month teaching rehabilitation skills to nursing personnel in conjunction with the Geriatric Rehabilitation Unit program. In addition, a six hour workshop

on Rehabilitative Nursing Techniques was presented in February, 1982 from SCDMH Staff Development and a lecture on Physical Therapy was presented in May, 1982 at CFSH as part of the Annual Symposium on Geriatrics, A Neurological Approach. Lecture and demonstration of body mechanics and transfers have been provided on request for Nursing Service and Food Service personnel. The Rehabilitative Nursing Classes offered each month since January reached another goal established in fiscal year 1980-1981.

One of the most important activities this year involved organization and implementation of a Geriatric Rehabilitation Unit for Tucker Center. The initial proposal for this unit was approved by the Executive Committee in October, 1981. The Staff at Tucker Center was introduced to GRU through a series of orientation classes in November, 1981. The GRU Manual and Directive were distributed in early January, 1982 when Rehabilitative Nursing Classes were begun. These classes are targeted for all Nursing personnel and should be completed before new personnel arrive for the Roddey Pavilion. The Geriatric Rehabilitation Unit Staff meets each month and has held three of these meetings with family members of GRU patients in order to provide in-service programs related to rehabilitation. An Evaluation Questionnaire was recently returned from GRU family members and GRU Staff members. The only suggestion was that the temperature in the rooms be regulated at a more comfortable and consistent range. GRU staff gave a favorable response concerning their learning experiences in relation to the patients and their families.

All goals set for completion by this fiscal year were attained except for a suggested Audit on Hip Fracture. This was found not to be feasible since there were not enough patients to audit. For the next fiscal year we will direct our efforts in Physical Therapy toward accomplishing the following goals: 1) Maintaining patient load at 18-22 patients per day, 2) Having a Student Physical Therapist intern at Tucker Center, 3) Providing the SCDMH Staff Development Program with Quarterly workshops on Rehabilitative Nursing Practices, 4) Hiring and training of Physical Therapy personnel for the Roddey Pavilion, 5) Upgrading activities in the Geriatric Rehabilitation Unit.

RECREATION THERAPY

During the past year Recreation Therapy Service has made an effort to create a good blend of community activities and on campus ward activities. Changes in scheduling have improved the Recreation Therapy program.

Highlights of the past year include a Halloween carnival, a beauty contest, and trips to the Zoo and State Fair. Weekly ward activities

included bingo games, arts and crafts, exercise groups, and various handicapped group functions.

Recreation Therapy accepted two students from Benedict College for a field placement experience of 640 working hours.

Participation in the year round garden proved to be well received by most patients.

One of the most important events under supervision of Recreation Therapy was the election of two patient representatives to the Humanization Committee.

SPEECH AND HEARING

Twenty-six patients were seen by Speech Therapy for evaluation and/or therapy for speech/language disorders during this fiscal year. Speech problems now being treated are receptive and/or expressive aphasia, dysarthria, delayed language, vocal misuse, and misarticulations.

Pure tone hearing screenings were administered to all new admissions, except for patients who were unable to respond. Five patients were referred for further audiological evaluation; all five were fitted with hearing aids.

CMTHRC was surveyed by JCAH and DHEC. Neither survey found any deficiencies in speech and hearing services.

Inservice training was given by the speech pathologist to the GRU nursing staff entitled "Receptive and Expressive Language Impairment Resulting from Brain Damage," and "Hearing Impairment." The speech pathologist spoke to two groups of student nurses from USC regarding speech and hearing services at CMTHRC. The speech pathologist also participated in the display describing CMTHRC departments and services presented at USC at the S. C. Aging Network Conference in May, 1982.

SOCIAL WORK

Social Work Services were provided to approximately 300 patients during the 1981-1982 fiscal year. An assessment was made of all newly admitted patients, with a plan of care and a discharge plan being developed at that time.

The Social Work Service functions as a liaison to patients, families and community members associated with CMTHRC. Initially, efforts are made to establish and maintain Social Work relationships with patients and families. Throughout the patient's stay, efforts are made to provide ongoing supportive therapy to patients and families. Therapies provided focus on the patient's and families feelings of anxiety, guilt and many times, grief. It is necessary to assist the patient and family in the early stages of placement to adapt positively to the resident's new surroundings.

Conditional reports are provided on a regular basis to family and close friends of the patient. Passes with family and community members are arranged as requested. The Social Worker serves as an integral part of the Patient's Care Conference held on a weekly basis. Through a multi-disciplinary approach measurable goals are set to meet rehabilitative treatments. Discharge planning is carried out on referral from the Patient Care Conference.

Social Work Service meets on a monthly basis with a Consultant for a Staff Development session. Efforts are made at this time to provide quality assurance within the realm of Social Work. Peer Review methods are used. This is also a time of sharing new ideas and suggestions to better the department.

Liaison efforts with community agencies were stressed.

In addition to the responsibilities mentioned above, the Fewell Pavilion Social Worker serves in the Geriatric Rehabilitation Unit as a teacher. Classes are offered to Staff as well as to family members concerning Attitude Therapy and Learned Helplessness.

The Social Service Department was involved in three major surveys (JCAH, DHEC, and VA) during the past fiscal year. No deficiencies were cited. The quality of services being provided by the Social Service department remains excellent.

VOLUNTEER SERVICES

During this fiscal year volunteers worked in the following services: Recreation, Pastoral Care, Music, Occupational, and Volunteer Services. Some of the ways in which volunteers were used were: taking residents to and from activities such as sing-along and chapel services; playing piano; leading sing-alongs; socialization groups; reading; friendly visitors; arts and crafts; wrapping Christmas gifts; and mending clothing.

Currently, thirteen individual volunteers come to the Center at least once a week.

Volunteer groups continue to provide community involvement by entertaining Tucker Center residents with special activities. There were 113 special activities this year, not including weekly sing-along and birthday parties.

Individual and group volunteers gave a total of 3,000 volunteer hours.

Donations included: clothing, grill, charcoal, books, magazines, ice cream, cupcakes, Cokes, jewelry, shoes, perfumes, handbags, cookies, Halloween decorations, after shave, cigarettes, stationery, and Christmas gifts.

Routine Volunteer duties include contacting businesses and individuals to work or make donations, correspondence, record keeping, orienting new volunteers, and charting on patients seen individually by volunteers.

The Director of Volunteer Services was present at all parties and group activities, held monthly birthday parties, picked up donations, and spent some time with individual volunteers.

The Director of Volunteer Services participated in various meetings and workshops during the year including the Voluntary Action Center's Annual Luncheon for Outstanding Volunteer of the Midlands and a drop-in at the Lace House to honor volunteers from the SCDMH facilities.

ADMINISTRATIVE SERVICES

As in the past, Administrative Services provided vital support for quality patient care, including budget preparations, personnel actions, and monitoring expenditures and reimbursement from a variety of sources, in accordance with SCDMH policies and procedures.

Under the supervision of the Administrative Assistant, the Patient Shopper continued to work effectively with the patient care staff to provide a shopping service for all patients of Tucker Center. Approximately sixteen patients were served per day, five days per week. This program has been well received by patients and staff in meeting special needs of the patients.

FOOD SERVICE

During the past fiscal year, the goal of the Food Service department was to continue to provide wholesome and attractive meals to patients and employees. This goal was accomplished through the use of food acceptance surveys and plate waste studies conducted by the Nutritionist in addition to the cooperation of the entire Food Service staff.

The facility Nutritionist worked closely with the Nutritionists of the SCDMH in completing the revision of the 1978 Diet Manual. The Nutritionist helped in developing a nutritional workshop directed towards community mental health centers. In conjunction with the Nursing Inservice Education Instructor the Nutritionist actively participated in developing a Staff Development program for Tucker Center.

During the fiscal year a number of personnel changes occurred. A Nutritionist was hired to fill the position vacated at the end of FY 1980-1981. Temporary employees obtained from CETA provided relief during the absence of regular staff. The Food Service department will continue to strive to improve its services to patients and staff.

MAINTENANCE AND ENGINEERING

During FY 1981-1982 the Maintenance and Engineering department has corrected a number of major maintenance problems, at times on weekends and holidays. Minor problems have been corrected daily upon notice.

All trash and debris is removed from the grounds daily. Trimming and pruning of shrubbery, curb edging and grass cutting has been performed on an as needed basis.

The exterior of the Stone Pavilion has been completely painted; Ward 112 has been completely repainted. Wards 110 and 114 have had several rooms painted; a good portion of each has been touched up. Painting will continue as paint is available.

PUBLIC SAFETY

The Public Safety department completed its fourth full year of operation with a total staff of five officers and a department chief. During the past four years the Public Safety department has been essential in making Tucker Center a safe and secure place for patients and staff to live and work. One officer completed the basic course at the Criminal Justice Academy during the year; the other four officers have attended advanced classes at the Criminal Justice Academy during the year. Such educational programs will benefit the Center by keeping the officers informed of new trends and developments in the area of facility public safety.

REGISTRAR

Patient activity this year included 131 admissions (up 3%), 81 discharges (up 11%), and 26 deaths (down 16%, compared with last year). Total days service to patients were 105,755, average daily census 289.73 with 96.58% occupancy, all up 4% compared with last year.

This department participated in many federal and state agency inspections. The annual quality assurance program for medical records and admissions was updated. Review of patients' rights was presented to the entire facility staff.

Staff members attended numerous work related seminars and workshops required to maintain standards as set forth by third party payers.

SUPPLY AND SERVICES

During the past year Supply & Services continued to provide the necessary support to Tucker Center.

Supply — Supplies were requisitioned from the warehouse and local purchases in ample quantities to meet the needs of the patients. Supply coordinated a weekly recorder system with Nursing Service. Reusable bulb syringes were put into use to save money. Juice purchases were reduced and a substitute item was used to reduce cost. Equipment, parts and supplies were obtained for engineering to keep all equipment operating smoothly.

Laundry — The laundry and linen staff provided adequate linen items for the patients at Tucker Center. Equipment failures were minimal.

Housekeeping — The custodial staff continued to maintain the facility in an exemplary state of cleanliness and attractiveness.

Transportation — The transportation service continued to move patients to and from the clinics in an effective manner.

Eight CETA Workers came to work in Supply and Housekeeping Services in June, 1982 for six weeks. They were very helpful and filled the gap when regular employees were absent.

QUALITY ASSURANCE

During July, 1981, an Admissions & Evaluation Committee was established to review and evaluate referral to THRC. A conference was held weekly to discuss potential admissions and to decide the appropriate level of care for each admission.

In November, 1981, the Utilization Review Committee responsibilities were assigned to three physicians not directly involved with THRC. These physicians have met monthly to review all new admissions and to justify continued stay. Worksheets are signed by the patient's attending physician and filed in the QA office.

In December, 1981, the Credentials Committee met to evaluate and assess credentials of all licensed personnel on the THRC staff. The qualified licensed personnel were reappointed for two years at the Joint Medical/Dental Staff meeting on June 11, 1982. THRC directives describing the credentialing process at THRC, together with the completed documents for those applicants found qualified for appointment to the THRC Joint Medical/Dental Staff were approved by the Executive Committee and by the Governing Body.

No deficiencies were cited in Quality Assurance at the VA Muster in August, 1981, at the JCAH LTC Accreditation Survey in January, 1982, or on the DHEC Certification Survey in June, 1982. The QA Committee met monthly to evaluate patient care throughout the year.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

The Division continued its emphasis on the efficient delivery of quality mental health services throughout the state. The total number of comprehensive mental health centers in the state's seventeen catchment areas remained at fifteen. The two catchment areas which do not have comprehensive centers are Lexington County and Berkeley County. The Lexington County Clinic has been operational since July, 1979. Berkeley County was designated as an additional separate catchment area during this fiscal year and became operational in July, 1981. Oconee and Pickens Counties have continued to pursue catchment area status but have not finalized all requirements at this time.

Three new programs were initiated during this year. A community residential treatment facility for psychiatrically impaired children from eleven through sixteen years of age was established by way of contractual agreement with the Piedmont Treatment Home for Adolescents, Inc., in Simpsonville. Also, the first community treatment home in South Carolina for autistic adolescents and adults was opened in Pacolet during February. Another new initiative was the establishment of prevention projects to serve high risk children of psychiatric patients by the Columbia Area Mental Health Center, Greenville Mental Health Center and the Tri County Mental Health Center.

Standards audits and site reviews were conducted in all centers this year. Active consultative and liaison functions with center Boards were maintained. The Division coordinated statewide priorities and provided program consultation to the Centers/Clinics.

Even though economic conditions are difficult, the Division has been able to maintain its basic service delivery capability. However, the continuing decrease of federal funds and the tendency of local funds to remain at previous levels have intensified the struggle to maintain adequate community mental health services.

Highlights of the Division's various components, special programs, and reports from community mental health centers and clinics follow.

ADDICTIONS AFTERCARE

Community mental health centers reported 3,368 substance abuse patient contacts during fiscal year 1981-82. Centers reported 188 consultation, education and prevention sessions on addictions and related issues. These sessions reached 4,814 persons.

State funds were available to provide ninety percent of eight Addiction Specialist positions in eight centers/clinics. The other nine centers/clinics coordinated and/or provided addictions services as needed by utilizing existing staff.

An updated memorandum of agreement between the Division and Morris Village outlined the existing program of referral and aftercare services. The Addictions Consultant in the Central Office of Community Mental Health Services continued to coordinate alcohol and drug abuse programming within the Division.

AFTERCARE SERVICES

Over 9,000 patients continue to receive Aftercare Services through the local Centers and Clinics. The configuration of services has remained the same as no new resources were made available to expand efforts. Medication monitoring, group and individual psychotherapy, socialization and leisure skill development, life skills development and case management continue to be the core services.

The Department conducted a rudimentary needs assessment of hospital residents and a local resources inventory in order to begin planning for the next major deinstitutionalization effort. Efforts to plan for more comprehensive programs for the severely chronically mentally ill who continue to reside in the State Hospitals will intensify during the 1982-1983 Fiscal Year. Four hundred long-term chronically mentally ill patients will be targeted for discharge into community support programs in the 1983-1984 Fiscal Year. Funds will be shifted from the institution budgets to Community Mental Health Services to support the initiative.

Consultation and technical assistance continue to be available from Central Office to Clinics and Centers providing Aftercare Services.

PROGRAMS FOR AUTISTIC CHILDREN AND ADOLESCENTS

Since 1972 the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for autistic and "autistic-like" children in South Carolina. In addition to the three model treatment and training centers located in Charleston, Spartanburg, and Columbia, therapeutic classrooms for autistic children are located in Florence, Conway, Greenwood, and Orangeburg. In four of these locations — Charleston, Florence, Conway and Greenwood the programs are provided through a contract with a local school district. In Spartanburg the Department has contracted with the Charles Lea Center for the provision of the service, in Orangeburg the contract is with S. C. State College, and the program in Columbia is a facility of the Department. State funds support all of these programs in addition to school district funding as required under P.L. 94-142. The Judevine Developmental System serves as the basis for the treatment model in all of the programs. This system is described as a "unified, coherent, comprehensive application of learning and behavior principles to the task of supplying a complete therapeutic environment which assists children with

severely disordered behavior and language to behave more normally.”

An important component of the service delivery system is the training which is coordinated out of the Community Mental Health Services Office. Competency-based modular training as well as specialized workshops are provided to professionals, parents, and para-professionals. This year the training was made available to more than 90 professionals from around the state who would, as a result of the training, be able to better meet the unique needs of autistic children and adolescents. This year the program in Rock Hill, run through the Human Development Center at Winthrop, was redesigned to serve as a primary training, consultation, and evaluation site. A unique training experience was provided this summer through a summer institute for teachers working with children who are not autistic but who demonstrate behavior and/or communication problems. Practicum experience for teachers occurred through a simultaneously run day camp for the children. This expands the consultation services which the Autistic Programs provide to public schools and other agencies. Consultation, Evaluation and Diagnostic services are available at all programs and through Central Office.

Programming for autistic adolescents and young adults continues to be offered in the programs in Charleston, Florence, Conway, Spartanburg, Columbia and Greenwood. These services will be expanded this fall in both Spartanburg and Columbia with the opening of a total of three Vocational Transition Workshops. These workshops will be designed to train in general work skills and specific job training. The two workshops in Spartanburg will be cooperative efforts with the local Civitan group and Vocational Rehabilitation. The Columbia Workshop will be run at the new Respite Care Facility.

This fall will also mark the opening of the Autistic Program's first Respite Care Facility. Both short term and long term Respite will be offered at the site in Lexington and will be available to families across the state. Participation in the day programs is not required.

Another service to adolescents and young adults was offered this year with the opening of the Community Treatment Home in Pacolet, S. C. The Home serves as a full time residence for seven young men (14 and above) from across the state and provides one slot for longer short term respite care.

Camp experiences were expanded for autistic children this year. All programs provided four weeks of day camp serving children from 9 a.m. to 4 p.m. Following day camp a series of residential camping experiences have been run for a total of five weeks. Some children and adolescents attended for one week, others for two. The program provided a camping experience for 45 children as well as respite for the families.

CHILDRENS' SERVICES

Several centers have expanded services in the area of child abuse and two centers conducted statewide interagency child abuse workshops. A substantial resource investment was made by centers in developing parenting, child development and other child related audio-visual and printed educational materials.

However, Childrens' Services require additional resources and support. The previous annual report anticipated that Childrens' Services would likely be further reduced during the current fiscal year. In fact, the latest data available for FY 80-81 shows that less than 20 percent of the mental health centers' caseload is comprised of individuals under eighteen years of age.

In comparison, the centers' Childrens' Services caseload in 1969-70 was 29%, but since 1974-75 has been in the 20% range.

One significant development during the year was the opening of a youth home in Simpsonville. A contract was awarded to the Piedmont Treatment Home for Adolescents, Inc., a private nonprofit corporation in Simpsonville, S. C. for provision of community residential treatment services to twelve adolescents.

Up until June 30, 1982, six boys had been treated in the first of two homes to be operated by Piedmont. Using the "Teaching Parent" approach, youngsters are taught appropriate behavior and problem solving skills. The management of reinforcing activities and materials, through awarding or removing privileges based on conduct and task performance, greatly accelerates learning. In this homelike setting, youngsters are cared for with genuine warmth, humor and respect.

Twelve additional treatment homes to be operated on a contractual basis by six private nonprofit corporations are planned for FY 1983-84. Community treatment homes are integral to and essential for a continuum of services to children which provides necessary treatment services regardless of severity of psychopathology.

CAMP LOGAN

Forty-eight children were treated for six weeks totaling 2,016 treatment days at a cost of just under \$39 per 24 hour treatment day. Camp research has demonstrated that while 85% of campers improved and 15% were slightly worse at a three month follow-up, 50% of a comparison group of non-campers had not improved and were functioning at the same level at follow-up and the rest had deteriorated. Campers as compared with the comparison group significantly improved in the areas of withdrawal, distractibility, peer relations and immaturity.

The Camp Logan program, in spite of its demonstrated effectiveness based on research and experience gained from other camping programs,

remains a six week seasonal program. Originally the program operated over a longer time but it has been reduced due to budgetary constraints. Though it is singular in its contribution to Departmental childrens' services, it will not assume an appropriately integral role in a Departmental continuum of services until its financial resources can be augmented allowing it to expand in directions including multiple sessions or year round operation.

A continuing need of the camp program is resources to insure integration of the patients' family into the treatment program and to assure treatment continuity after the termination of the camp season. Without the vital element of substantial follow-up services, the potential for consolidating and maintaining patients' gains in functional behavior subsequent to camp will not be realized and the camp's full potential will not be met.

In some instances, center staff members have made an independent commitment to further development of the camp program. For instance, this year a Coastal Empire Mental Health Center Psychologist contributed a substantial amount of personal time to consultation with and evaluation of camp training, operational and treatment procedures. Proposed materials and programs developed by this individual can be expected to further refine the camp's therapeutic activities.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project Coil (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the SCDMH. The program provides services under the following programs:

The *Pre-Residential Program* serves patients from the S. C. State Hospital, Crafts-Farrow State Hospital, C. M. Tucker Human Resources Center, William S. Hall Psychiatric Institute, Bryan Psychiatric Hospital and Community Mental Health Clinics/Centers. This service is designed to provide an orientation for referrals as to the goals, objectives and expectations of the Coil Project. Individuals who have substantial periods of hospitalization will be worked with in areas of meal planning and preparation and skills necessary for one to begin residency in a Coil apartment. The program is an open-ended and ongoing group which typically can last for an eight week period for those patients requiring a complete orientation.

The *Residential Program* consists of one-to-one counseling and activities of daily living skills in an apartment setting. Areas of emphasis include grocery shopping, meal planning and preparation, apartment maintenance skills, clothing maintenance and learning to work cooperatively with one's roommate. The residential program can last for a six month period for those individuals needing a longer orientation to independent living.

The statistics for the Residential Program covering this annual report were 208 admissions, 67 required rehospitalization because of various reasons (including medical and psychiatric needs or those deemed inappropriate for the program), one left without permission, and 143 placed into community living situations. The resident census as of June 30, 1982 was 50.

The *Adult Development Program* has served approximately 300 individuals in Columbia area boarding homes and ex-residents living in independent situations in addition to Coil residents. Activities provided by this program include: home management; consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions and arts, crafts and hobby development.

The funding level for Coil during this period was \$464,043. Because of shortfall of Title XX funds, the Department of Mental Health was unable to negotiate a contract with the Department of Social Services. During this time, Coil funding sourced from state appropriations, capital improvement funds (patient fees) and other funds (Medicaid adjustments).

CONSULTATION AND EDUCATION SERVICES

The focus of Consultation and Education in 1981-1982 continued to be (1) management and administration issues, (2) staff skill development, and (3) activities specifically targeted for industry, children and minorities. Priority setting, coordination of activities and funding resources have received major emphasis in the area of management/administration. Staff skill development has continued to include human resource identification and utilization, contract negotiations and development, and monitoring and evaluation of service delivery.

Again, the activities specifically targeted for special populations included the development of materials for parents, school personnel, and human services professionals pertaining to children, the development and participation in stress management programs for personnel in human services, business and industry, and education activities pertaining to Black citizens' participation in the management, delivery and utilization of mental health services.

Centers rendered more than 50,000 staff-hours of consultation, education, and prevention services this year.

EMERGENCY & PRECARE

The mental health centers have emergency services available twenty-four hours per day/seven days per week. This means a mental health professional is accessible by telephone with the capability of arranging for face to face encounters and medical back-up if needed. Efforts have been

directed to increasing the public's awareness and accessibility to the emergency services.

This includes listing numbers in telephone directories in both white and yellow pages for the emergency number, recorders or divertors on office telephones to direct incoming calls to persons on call. Collect calls will be accepted if necessary within the catchment area. Non-comprehensive centers called mental health clinics generally do not have sufficient staffing to provide twenty-four hour emergency service capability, however after hours services are generally available through linkages with other community caregivers such as hospital emergency rooms, local physicians and law enforcement. Specific information for crisis management is given to high risk patients or their family or support system.

Precare services are closely linked with emergency services, interfacing with all other services of the center as well as available community resources. This program is designed to screen potential admissions to state institutions, offering community based intervention and treatment as an alternative to admission. The limited funds available for the medically indigent to be served by this program have been used to purchase psychotropic medications and services of local hospitals and physicians. Supportive services have been provided by center, family and other community resources. We continue to have insufficient resources to meet all of the needs in this program.

There were 15,500 contacts during 1981-82 for Precare Screening Services and Emergency Services.

Technical assistance, consultation and monitoring of the availability of these services continue to be functions at the Divisional level.

FILM AND BOOK LIBRARY

The Film and Book Library continued its operation during fiscal year 1981-1982 under the auspices of the Division of Community Mental Health Services.

During this fiscal year audio-visual materials relating to mental health education were made available through the Film and Book Library to 7,317 individuals and groups throughout the state. Records show that 14,935 programs were presented utilizing these materials, and that viewers totalled 383,196. Audiences ranged from kindergarten to professional levels. Organizations and institutions using A. V. materials from the library included schools, churches, hospitals, mental health centers and clinics, civic organizations, and many state agencies.

Pamphlets and brochures promoting mental health were distributed to 4,322 persons by mail, or were picked up in the library. Several thousand more were distributed through exhibits and events sponsored by other agencies.

Displays of mental health education materials were prepared by the library staff for the following events:

- Annual meeting of the Mental Health Association
- S. C. Parent Education Conference sponsored by the S. C. Dept. of Education
- Family Fest '82 sponsored by the S. C. Commission on Alcohol and Drug Abuse
- Carver Elementary School — Parents' Day

Throughout the year, on a daily basis, consultative and referral services were offered (as requested by patrons) in the selection and use of appropriate films for specific mental health programs.

Study and reading areas were provided in the Book Library for the convenience of patrons who wished to use the reference material available there. The preview room was used on 103 occasions by persons of various professional disciplines who wanted to preview films which were under consideration for special programs.

Library personnel served on the planning committee for Family Fest '82 and also on the planning committee for the Fourth Annual Minority Conference.

FRIENDSHIP CENTER

Friendship Center continues to share the facility at 1135 Carter Street with Project COIL, and provide social rehabilitation to the recovering mental patient in the Midlands. There has been increased participation with an average attendance each month of approximately 1,800. The Center is funded by the Department of Mental Health, the United Way of the Midlands and contributions.

The budget for calendar year 1981 was \$65,239 and for 1982 is \$72,221.

One day a month of socialization and recreation is now offered in Lexington for the former patients who do not have transportation to get to Friendship Center. This has generated over a hundred new referrals and has been a very helpful program for those living in the small rural communities.

With the cooperation of the Crafts-Farrow Engineering Department and Project COIL, the Friendship Center Memorial Recreation Court was completed on the COIL property. This court offers basketball, tennis, and shuffleboard and was paid for by donations to the Friendship Center Memorial Fund and contributions from service clubs.

Friendship Center is open every day and every evening of the year for non-structured socializing and for a wide range of educational and recreational activities. No psychiatric treatment is offered but the program is therapeutically planned to offer the former mental patient the

opportunity to develop a feeling of belonging, a place to make friends, learn new skills and have support in making a good adjustment in the community.

INSERVICE TRAINING

Training programs sponsored by the Central Office during the fiscal year include: Training in Board Membership, Black Citizens and Mental Health and Family Therapy. Technical assistance was provided in Quality Assurance, Fiscal Management, Organizational Structure, Personnel, Third Party Reimbursement and Consultation and Education.

The Division cooperated with the Departmental Office of Staff Development in the provision and the coordination of training programs. The training coordinator in the Central Office consulted with Center personnel concerning the development of local inservice training.

Technical assistance to Centers was not available this year from the Health and Human Services Regional Office in Atlanta. Also, no funds were available to the Centers from Central Office for training.

Approximately 800 Division employees participated in one or more training programs during this fiscal year.

PLANNING AND PROGRAM DEVELOPMENT

The Planning and Program Development Section, CMHS, continues to coordinate Divisional planning activities. The scanning of printed materials related to current or projected trends, the keeping familiar with current state and federal legislative activities, the reviewing of various demographic data, and the continuous deploying of technical assistance are daily occurrences.

The section also serves the function of catalytic agent for Divisional compliance with state and federal regulatory requirements. Dialogue occurs on various strata, be it at the agency, state or federal level. Major work efforts of the previous year were: the State Mental Health Plan, the State Auditor's Grants and Contracts Review Unit, and the SCDMH Grants Review Board. Titles XVIII (Medicare) and XIX (Medicaid) are also coordinated by the Section.

The Section liaisons with the administering entities and renders statewide technical assistance. Efforts are made to garner all eligible reimbursement with tremendous energies being expended during the previous year in the development of a more satisfactory Medicaid contract.

Thus, the scope and variety of services of the Planning and Program Development Section are significant. Local, state and federal linkages help to avoid undesirable possibilities which could otherwise cause confusion. The Section expects to continue furthering Divisional priorities during fiscal year 1982-83.

PREVENTION

Funding strictures have decreased overall activity in the area of prevention during the past year. The demise of the Department's Family Planning Program has obviously not allowed the expansion of this program into the centers.

Nonetheless, Genetic Counseling training was made available through CMHS; and Genetic Clinics, sponsored by the William S. Hall Psychiatric Institute's Genetic Counseling Program, are currently being held on a quarterly basis in each CMHS region.

Mental Health Centers have consolidated prevention activities into more limited but essential areas including stress management, parenting education, use of pamphlets and media, and health promotion-wellness-programs. Several centers have assumed leadership in pioneering provision of prevention services on a contractual basis to business and industry. This is likely the area of greatest future growth for prevention.

Programs designed to prevent the development or precipitation of psychopathology in children of psychiatric inpatients have been initiated at the Columbia Area Mental Health Center, the Greenville Mental Health Center and the Tri-County Mental Health Center's Cheraw office. Up until July 1, 1982, 105 children in 56 families had been served by the Columbia program.

Seventy-three percent of these families had known or suspected family violence and 62 percent had known or suspected child abuse. Over half of the children served had experienced reduced general ability scores or increased school difficulties. Over half of the children also exhibited a high level of anxiety and emotional reactivity problems.

Children of schizophrenic parents are about fifteen times more likely to become schizophrenic than members of the general population, and risk for psychopathology in children of individuals suffering with most of the major psychiatric disorders is similarly increased. Since this group of children is at greater risk for psychopathology than any other known group, these prevention programs can be expected to have a substantial effect on decreasing the future need for psychiatric services.

QUALITY ASSURANCE

Prior to October 1, 1981, every Community Mental Health Center had a quality assurance element in place to comply with Community Mental Health Standards requirements. There was great diversity among the centers as to the intensiveness and extensiveness of their quality assurance activities. Recognizing the need for more definitive criteria in relation to documentation and service utilization requirements, the Division of Community Mental Health Services developed a quality assurance program which was mandatory and which spelled out in detail documenta-

tion procedures, services to be rendered, by whom, for how long and under what conditions.

The thrust of the new quality assurance program will be to bring forth increased efforts to improve the quality of services given within the most cost-effective treatment program available to the center. Control data will be available in the form of quarterly audit reports to the Division and plus annual Quality Assurance Plans submitted by each mental health center.

RESEARCH AND EVALUATION

The Research and Evaluation Section assisted centers in assessing needs for community programs, identifying population target groups, evaluating the process of service delivery and outcome of services provided, and conducting special research projects. The section continues to operate a statewide centralized automated management information system (MIS) to assist centers in monitoring services and staff productivity, and providing accountability to external systems. A detailed cost analysis of services provided by centers was conducted.

During the past year, development of a mini-computer management system was begun. Five of the seventeen mental health centers are participating in this project which is scheduled for completion during FY 83.

TRANSITIONAL LIVING SERVICES

This program area has focused on developing time-limited goal oriented groups for chronically mentally ill people. The purpose of the groups is to help patients discharged from a state hospital to maintain or regain skills necessary to function independently in the community. Alternate care housing opportunities have been an important aspect of the program. Centers have provided consultation to managers of and activity programs to patients in community care homes. Efforts have been made in many areas to develop housing alternatives through HUD wherein patients can live alone or in small groups with support services from the Center and minimum supervision.

In the 1981-1982 Fiscal Year, approximately 1,000 patients received transitional services. This program area continues to need expansion as the needs of the chronically mentally ill are diverse. However, resources have not been available to expand programs. The Department's efforts to plan for and develop a statewide community support program should respond to some of the more critical needs of these patients.

AIKEN-BARNWELL MENTAL HEALTH CENTER

The Center's primary goal for FY 81/82 was to fully integrate within

the Center the eight programs added in FY 80/81. Additional goals were (1) to increase the number of clients being served, (2) increase the consultation, education and prevention (C, E & P) activities and (3) develop a more efficient financial management system.

Program Performance

As attested by the Annual Site Review of June 10-11, 1982, these goals were met. Our management information system has been developed to provide information on the time available for direct clinical service and Consultation, Education and Prevention Services (C, E & P). The staff increased the amount of time devoted to: (1) direct clinical service (84% of time available for direct service) and (2) C, E & P services (58% of time available for C, E & P).

The trend of admissions to the Center also shows a continuing increase of about 2% over FY 80/81 admissions. State Hospital admissions were reduced by 19% and readmissions were reduced by 21% over FY 80/81. During FY 81/82 we also experienced an increasing trend in the use of our services by employed personnel, middle income personnel, high school graduates and families, while the use by significant minorities and elderly persons continued at the same level.

During the first ten months of FY 81/82 the Center treated 10,735 client contacts in 5,800 sessions and reached 85,732 people in its Consultation/Education program through face-to-face contacts and use of the media.

Administratively: (1) The Center planning program and process was developed and implemented, (2) a contract was let to provide substantial automation of the Center's administrative operations, (3) a treatment-oriented Community Support Program has been developed, staffed, and is being implemented, (4) a coordinated Centerwide publicity campaign to increase citizen awareness of our services has been implemented and (5) major improvement has been made in financial accounting and billing activities (including monthly Accounts Receivable Control Analysis reports and increased patient billing resulting in increased fee collections).

A preliminary assessment of FY 81/82 expenditures shows a total of \$951,160, funding of which was 48% federal, 28% State, 12% County appropriations, and 12% patient fees.

Future Goals

The Center goals for FY 82/83 are (1) to continue the increased use of all Center services, particularly by middle income clients and families, (2) increase the use of Center services by elderly and significant minorities and the chronically mentally ill, (3) fully automate most of the Center's management and administrative systems and (4) to establish a Community Support Program within the catchment area.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The mission of the Anderson-Oconee-Pickens Mental Health Center was to provide comprehensive mental health services to all citizens requesting services regardless of race, creed, national origin, or ability to pay.

Fiscal year 1981-82 was a year in which we maintained our services with limited resources. Eight services were offered: Outpatient, Inpatient, Partial Hospitalization, Court Screening, Follow-up, Children's, Consultation and Education, and Emergency. The number of patients seen and the total number of client contacts were the same essentially as the last two years.

Our goals were to:

- (a) Maintain level of services.
- (b) Continue to strengthen management and supervision in order to insure maximum utilization of existing resources.
- (c) Continue to use the following planning assumptions and rationale in service delivery decision making:
 - (1) There was a strong emphasis on the chronic population:
 - part of original intent of CMHC Act
 - current emphasis at State and Federal level
 - composed close to $\frac{1}{3}$ of current caseload and appears to be growing
 - represents an underserved population
 - next five years' increase to be substantial if State hospitals decrease population at projected rate
 - possibly high income-generating, both from third party payors, State/Federal sources
 - children, adolescent, adult (including elderly) populations effected by chronic illness
 - alternative resources to deal with population are limited to non-existent
 - concentration on families and other support systems essential
 - (2) There was a strong emphasis on Emergency/Crisis services:
 - required a part of original CMHC Act
 - high percentage of emergency/crisis admissions are substantial, requiring short-term intervention (less than six sessions)
 - alternative resources available but limited in terms of utilization
 - community expects Center to deal with psychiatric emergencies (i.e. court screening, situational crises, others)
 - effective follow-up needed in this area

- (3) Outpatient services gave priority to chronic and emergency/crisis populations:
 - family therapy needs as well as individual therapy needs within these populations had to be given significant priority
 - long-term individual, marriage and family counseling of a growth-nature carried a lower priority
 - patient caseloads reflected above priorities of necessity
 - referrals and waiting lists were based on above criteria
- (4) Educative and preventive services placed high priority on education and prevention related to the chronic and emergency/crisis population:
 - admissions/readmissions to State hospitals continued to be emphasized toward the end of decreasing them
 - community resources (i.e. law enforcement, boarding home operators, clergy, medical community, others) benefited from education designed to insure a stronger resource base for dealing with populations at risk
- (5) Income-producing services received high priority:
 - necessary in order to maintain level of services
 - necessary in insure cost effectiveness of programs
- (6) Program growth for the most part was discouraged unless it directly addressed priority needs and offered relief from present program and staff stress:
 - new programs (local, State, Federal) were closely scrutinized to impact on the service delivery system
 - first priority went to strengthening service delivery system
 - mandated new programs were designed to offer relief/support within programs

Plans for a separate Mental Health Center in Oconee-Pickens materialized to the degree that support of the split was given in writing by the County Governments, HSA, and other pertinent bodies including the Board of Directors. Although much work on the part of the staff and Board went into the effort of splitting, the separation, however, will not occur until sometime in the future.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

The Beckman Center is committed to serving the needs of emotionally disturbed people in the seven county catchment area. Through direct treatment modalities including diagnostic evaluation, outpatient counseling, inpatient care, as well as referral to other primary caregivers this commitment is attempted to be met. The Center, in a commitment to reduce incidence of emotional distress, also is involved, as part of its

mission, to providing a range of prevention and education programs to the public.

The Center goals for last fiscal year were concerned with maintaining our service delivery system in light of the very unstable financial climate present within the state. Each is outlined below with a brief report on the status of the goal.

(1) The maintenance of the Center's delivery system with emphasis on increased production with less staff.

The number of positions and the existing structure of satellites to serve our seven county catchment area were maintained. There was turnover in some staff positions which presented problems in terms of stabilizing some functions. Generally we as a Center did more with less. With a freeze on hiring until the end of fiscal year '82 this Center had three vacant clinical positions which hampered meeting anticipated production levels.

(2) To reassess the organizational structure of the Center to maximize efficiency in service delivery.

The Center-wide reorganization was accomplished in March of 1982 with passage by the Board of Directors. This reorganization reduced the number of discrete services offered by the Center. Child and Adolescent Services and Elderly Services were collapsed administratively into outpatient services. These populations will continue to be served but will be administratively coordinated by the outpatient unit. Transitional Services were likewise collapsed into follow-up or aftercare services. The reorganization essentially streamlined the administrative structure of the Center into a more manageable operation.

(3) Continue to increase revenues generated by fee collections from direct service and consultation and education activities.

This goal was moderately successful in that a new contract was secured with Monsanto to provide counseling services to their employees and immediate families. Our contract with Lander College was increased this past year by one-third also generating more revenue. Emphasis also continued in systematic fee setting for self-pay outpatients.

The consultation and education services generated fees by presenting a number of programs for churches dealing with marital and parenting foci. Our system of handling C&E requests now insures a fee setting aspect to help maximize collections in this area.

The areawide needs assessment stressed utilization of services by county, age, sex and race as well as acceptance of service through consumer satisfaction. The county utilization improved over past years, however, the majority of clients were still seen at the Greenwood office.

The nature of the small communities preclude a significant shift in those from other counties seeking service in Greenwood. The anonymity Greenwood provides these individuals makes seeking services more secure. Demographic utilization by age, race and sex has not shifted significantly although minor fluctuations have occurred.

Once again as in past years the focus of service delivery has been contingent on existing funding. The freeze on vacant positions and the 2.19% cut ordered earlier in the year reduced our planning and flexibility in programming. Anticipated tight budgets in our counties and the state require that this Center use its resources judiciously and to continue to increase our productivity and generation of fees for service.

It is anticipated that this emphasis in these areas in the coming year the level of service delivery to existing populations can be maintained. Once again the year was one of holding our own in light of the severe budget restrictions and uncertainty over future funds.

BERKELEY COUNTY MENTAL HEALTH CLINIC

A nine member Berkeley mental health board was appointed in April of 1981 in anticipation of a separation of this County from the Charleston Area Mental Health Center catchment area. A high level of cooperation between the boards and staffs of both facilities enabled a smooth transition of the Berkeley satellite to a free standing clinic on July 1, 1981.

The initial staff complement of four grew slowly during the first eight months of FY 81-82. Assembling and developing a capable and cohesive staff has been a most successful venture. Our present complement consists of ten full time positions and two part time psychiatrists to serve a 95,000 person catchment area. This increased staff brought about the need for a larger office building which was procured in the form of a leased 3,400 square foot modern office building. In August of 1981 the physical move was made with no disruption of service.

Several major goals were prioritized at the start of FY 81-82. The Board and Clinic Staff has been successful at meeting these goals and many more.

Development and implementation of administrative and personnel policies progressed satisfactorily with an approved Quality Assurance and Standards Manual in place by the end of the year. General fiscal management and fee collection progressed exceptionally well. A surplus was available by fiscal year end and fee collections were significantly above projections.

Total patient contacts for the year exceeded 5,700 and the active case load increased approximately 150%. The Clinic visibility increased enormously during the year and demand quickly overwhelmed our ability to provide service especially in the Child and Adolescent service area. A waiting list was reluctantly established for non-emergency child and

adolescent intakes. Other service areas have managed to meet service requests, but if current trends continue all service areas will have a waiting list during FY 82-83.

The foundation is in place and the work has just begun to provide a comprehensive service to the residents of the catchment area. Several needs have been identified and are being pursued. We enter our second year of operation with the confidence that with the same diligent cooperation and coordination of Board and Staff we will be able to meet the goals of the Community Mental Health Services.

CATAWBA MENTAL HEALTH CENTER

The Catawba Mental Health Center is a comprehensive center designed as a community based program to address the mental health needs of York, Chester and Lancaster counties. Catchment area census estimates are 184,513 people.

The main facility, located in Rock Hill, provides services to adults, children, and elderly patients by providing 24-hour emergency services, partial hospitalization, inpatient, outpatient, aftercare, precare, alcohol, drug, rape crisis, and consultation, education and prevention.

The satellites, located in Chester and Lancaster, provide day time emergency services and all other services mentioned above, except partial hospitalization and inpatient services.

The fiscal year 1981-82 was one of maintaining existing services rather than expanding, and a year of trying to improve efficiency and productivity in every area. An anticipated reduction in force was not necessary at the beginning of the year and budget shortages were resolved by attrition. In spite of having from 3-5 positions unfilled during the year overall productivity increased by 5.3%. Costs of service have consequently been reduced and the active case load is up 69%. Services during the year include 21,323 clinical contacts and 420 consultation, education and prevention services reaching 21,412 persons.

Under new leadership, aftercare services have been organized and the quality and quantity of services improved. Also, new leadership in the partial hospitalization services has improved that program. The integration of inpatient and partial hospitalization services continues to operate a sound concept. The program has more variety and flexibility to meet individual needs.

There have been improvements in the administrative operations of the Center, especially in achieving the goal of keeping billing current. The establishment of the medical records library has added to the sound functioning of the Center.

Day emergency is no longer a separate organizational entity and a triage system, has been implemented to improve patient flow and services. Further attention has been given to the crisis stabilization role of the

unit at the same time assuring the monitoring of appropriate disposition of patients into other programs of the Center. A needs assessment indicated a need for improved general awareness of the Center's purpose and program areas. These were addressed in the Plan of Operation and consultation, education and prevention program.

Catawba Mental Health Center has cooperated with the Human Services Demonstration Project. The director is a member of the Project Managing Agency. As a result of PMA, goals to colocate services when possible and make them more accessible to residents of outgoing areas, satellite services were opened this year in the town of York using space in the county-owned Public Health building.

CHARLESTON AREA MENTAL HEALTH CENTER

The Charleston Area Mental Health Center began Fiscal Year 1981-1982 with a staff of 37 people and a budget of \$974,000. By comparison, FY 79-80 showed a staff of 76 people and a budget of \$1,600,000. This dramatic decrease in personal and fiscal resources over a relatively short period of time has had a tremendous impact on the operation of the Center. Previous reports have recounted the details of this reduction in resources and the many facets of its impact. All due credit must go to a dedicated and loyal staff that the impact has not been greater. Staff efforts combined with the support and active participation of a concerned and caring Board has allowed and encouraged a high level of maintenance of effort in all operating service areas. The following highlights of the year's activities serve to provide examples of our efforts.

The Child/Adolescent Service staff has solidified its position locally and state-wide as a leader in the field of treatment and training in the area of child abuse with special emphasis on sexual abuse. Additionally, this staff, in collaboration with the Medical University, has produced a videotape teaching program for training parents of behavior problem children. Sales of the parents' manual of this program have passed the 270 mark, and they are being used locally, state-wide and out-of-state.

During this year we completed a transaction with the Administrator of Charleston County in which we exchanged a single-wide mobile unit in payment of rent (maintenance fee) for the previous year. Also, we have paid this yearly fee for FY 81-82 which increased by almost 30 percent.

The Dorchester County Clinic staff, with consultative support of Center psychiatrists, have reinstituted aftercare clinics in St. George on a quarterly basis. This action was taken on the basis of assessed need and at the request of local physicians. Clinic staff has continued a very positive biweekly on-site consultative relationship with the Dorchester County Department of Social Services, School System and Family Court.

The Quality Assurance and Peer Review programs have received considerable attention during the year. Appointed committees have been

functioning actively and a clinical care study on Paranoid Schizophrenia has been completed. Our Clinical Director has been appointed by the Deputy Commissioner to the Divisional Quality Assurance Committee.

The needs assessment survey being conducted by Center staff at the time of submission of last year's report was completed. Perceived needs as reported in that survey have been and continue to be addressed in areas of services to the chronically mentally ill, children and adolescents, and substance abusers.

Our court/hospital liaison activities have been greatly enhanced during this year by the appointment of a key staff member to these duties. By this action our working relationship with the Probate Court staff and the Central Hospital facilities (BPH, SCSH, CFSH) has been improved and strengthened.

Our center-wide staff has responded positively and with industry to the introduction in January 1982 of the McBee reporting system and revised M.I.S. reporting forms. Key management and supervisory staff are now afforded the opportunity to use more timely and accurate information from the M.I.S. in the decision-making process. Combined efforts of appropriate staff have resulted in increased fee collections from self-pay and third-party payors.

During this past fiscal year we have experienced an unusually high level of staff turnover. Curtailment of services by other agencies has impacted our caseload rather heavily. Our capability and availability for direct clinical services have been severely impacted by the mandated role of designated examiners for the probate court in all involuntary commitments.

Total commitments of all types to central hospital facilities from all referral sources in Charleston and Dorchester Counties for FY 81-82 numbered 888. The lowest number of commitments for a single month was recorded in December 1981 when there were 56. June 1982 and January 1982 were the months with the most commitments, 83 and 81 respectively.

Admissions and readmissions to this Mental Health Center are averaging around 140 per month. Close to this number are terminated each month, leaving an active caseload of approximately 1,500 patients for 19 clinical staff who have case management duties. The psychiatrists and intake staff do not have an assigned caseload.

The table below shows a breakdown of direct treatment contacts and costs by service area, using the 11 months of statistics available, and obtaining yearly figures from the monthly averages.

<i>Service Area</i>	<i>Total Cost</i>	<i>Cost Per Contact</i>	<i>Contacts for Year (Direct Treatment)</i>	<i>Avg. Contacts Per Month</i>
Intensive	\$175,317	\$40.92	4,284	357
Sustained and Transitional Living	253,236	68.96	3,672	306
Child/Adolescent	224,017	53.95	4,152	346
Intake/Triage	155,838	98.38	1,584	132
Dorchester Clinic	136,358	45.82	2,976	248
CENTER TOTAL FOR DIRECT TREATMENT ...			16,668	1,389

Consultation and Education services were apportioned \$29,220 for the year. Although one staff member is assigned to this service, some C, E & P services are rendered by most of the clinical staff. Using the same statistical basis described previously, figures show that 1,080 C&E sessions were held during the year, which reached 87,840 people (counting 999 for each media "session"), making the cost per session \$27.05, and the cost per contact 25¢.

Well qualified and supervised volunteers provide immeasurable services including direct treatment in all service areas at times, but especially in the Dorchester Clinic, accounting for some lowering of the cost of services in that office.

The challenge for Fiscal Year 1982-83 will be to match or surpass the accomplishments of this year with our limited resources.

COASTAL EMPIRE MENTAL HEALTH CENTER

During Fiscal Year 1981-82, Coastal Empire Mental Health Center continued to provide comprehensive mental health services to citizens of Allendale, Beaufort, Colleton, Hampton, and Jasper Counties. This past year has been a challenging one for the center and its Board. Despite financial problems and fewer staff, accessibility of services has been improved with the implementation of night clinics at three of the Center's seven offices. Significant gains were realized from the Center's efforts to become more efficient and effective in the delivery of outpatient services. With 25% fewer staff than in previous years, the number of contacts has continued to increase over the last two years. There has been an overall increase of 25% in the average daily census during this past year.

The Consultation and Education unit was greatly expanded this year. In addition to various workshops (parenting classes, divorced parents, stress management, etc.), a core curriculum was developed to be offered to the general public on a quarterly basis. The first such offering was well received by the general public. Staff interest in conducting such seminars was likewise very favorable.

In July 1981, another full-time psychiatrist was added to the staff. At present the Center has three full-time psychiatrists who provide medical coverage to clients in seven offices throughout the service area. The

addition of another psychiatrist has also meant a decreased dependency upon community physicians for emergency services coverage. It is as yet unknown how severely the loss of court screening funds will impact upon the Center's inpatient unit in the long run.

Due to a reduction in staff the Center increased its utilization of volunteers. From March 1981 thru February 1982, 322 hours of volunteer time have been provided the Center. Since the extensive use of volunteers did not begin until November 1981 it is anticipated that volunteer hours for the coming year will more than triple those recorded for this year.

Fee collections have increased by 10.5% during this past year. The Center is relying to an ever increasing extent on fee revenue to offset declining state funds. Attention is being given to increasing the number of paying clients while maintaining services to indigent persons. As in the past, the Center published an annual report in booklet form. The booklet complete with pictures serves as a directory of services as well as an annual report. The report was distributed throughout the service area.

The Center conducted a Key Informant needs assessment during FY 81 in an attempt to increase the awareness of the Center and to find out what needs were perceived as important by community members. Staff members made personal contact with 80 Key Informants in the service area and requested that they complete a Needs Assessment questionnaire. The staff then followed up with a personal interview to retrieve the questionnaire and utilize the time with the informants to inform and educate regarding services of the Center. The results indicated that 92.6% of the informants were aware of the Center and 65.4% had made a referral to the Center in the last 12 months. The great majority (87.7%) of individuals responding had a highly positive opinion of the services provided by Coastal Empire Mental Health Center.

COLUMBIA AREA MENTAL HEALTH CENTER

In Fiscal Year 1981-1982 Columbia Area Mental Health Center continued to provide a wide range of comprehensive services to over 20,000 residents of Richland and Fairfield counties. This was accomplished in large part through increased staff productivity and service delivery system modifications. The Center's focus in Fiscal Year 1981 - 1982 was on improving service delivery efficiency and improving service quality.

The Center continues to be responsive to the changing needs of our community. CAMHC has enjoyed active community support through its governing Board, Citizens' Advisory Committee and local governments. To re-identify the mental health needs of our service area, newly available census data was compared with service utilization data. This major needs assessment has been processed at all organizational levels, altering the service delivery system to meet the changing needs of Richland and Fairfield counties.

Even though evaluation results show that most clients are able to receive services the same day they are requested, the Center continues its efforts to increase the accessibility of services. Decentralization analyses have identified potential satellite locations, their staffing needs, and methods for evaluating their impact on local residents.

The Center continues to improve the quality of patient care. Two full-time psychiatrists joined the staff, thus expanding physician coverage of services rendered both on-site and at decentralized locations. Additionally, the Quality Assurance Program has been extensively re-structured resulting in improved medical record forms, more rigorous documentation requirements, and frequent periodic reviews of service appropriateness and adequacy. The Center has begun using new empirical measures of psychotherapy outcome in its continuing efforts to evaluate and improve the quality of patient care.

In June of 1982 a contract was awarded to equip Columbia Area and four other Centers with in-house computer systems. This custom-designed comprehensive Management Information System will increase the Center's efficiency by streamlining day-to-day work, handling accounting, billing, and budgetary functions and preparing cost/benefit analyses. The computer system presents a unique opportunity for the Center to improve productivity and quality of care by more effectively planning and executing the delivery of important mental health services.

GREENVILLE MENTAL HEALTH CENTER

Financial pressures and a staff reduced by attrition have continued to impact upon the Greenville Mental Health Center and its satellite office, the Foothills Clinic, during FY 1981-82. Demand for delivery of mental health services, out-patient diagnosis and treatment, as well as consultation-education have increased, often creating overload and the need for waiting lists. Because of this increased demand upon a smaller staff, the Center has as a top priority the exploration of service delivery possibilities which will increase efficiency without the loss of quality. Areas being explored include 1) a greater use of short-term and group therapy and 2) preventive work not only at the Center but also in community agencies and institutions. In line with this, the Center received a grant for primary prevention to work with children of psychiatrically impaired parents. One full time and one part time staff member have been assigned to work on this project. The Center is also applying for a federal grant toward prevention of child abuse through community projects.

Highlights of the Fiscal year include:

- 1) The arrival of a new director, Carmen A. Delcioppo, M.D., from Syracuse, New York. Dr. Delcioppo is board certified in psychiatry and family practice and has conducted intensive in-service training for the staff, emphasizing a holistic approach to diagnosis and

treatment. Dr. Delcioppo has sponsored a one-month rotation for second year Greenville Hospital family practice residents at the center and has given the core lecture series for these residents on psychiatry. He also participated in consultation and teaching rounds with the internal medicine residents at the hospital.

- 2) In an effort to reach out to the community with mental health services, center staff have been placed at two agencies — one staff member at the Phyllis Wheatley Community Center one day a week (COPE) and another staff member at Speech and Hearing, again one day a week.
- 3) Clergy education has continued quite intensively this year under Will Manley, who recently received the Researcher of the Year Award for Clinical Pastoral Education — Southeast Region. Nine clergymen participated in the Clinical Pastoral Education program and community clergy were offered a variety of training programs throughout the year.
- 4) April, 1982, marked the end of the federal eight-year staffing grant for the Child and Adolescent program. The program will continue to be funded by local and state monies and some block grant funds. The sexual abuse project grant received by the Child and Adolescent program last year was renewed for this year with the same staffing budget. The Center co-sponsored a two-day Child Abuse Workshop in March with the Department of Social Services and the Solicitor's Office. Approximately two hundred people attended, including representatives from mental health, social services, law enforcement and the legal profession.
- 5) Consultation and Education events included two workshops for the Department of Social Services on interviewing techniques by Dr. Delcioppo and Jim Daughtry, C & E Coordinator, and a series of HUGS (Human Understanding and Growth) classes on mental health and illness for both the patient population and the public. Also new this year is the initiation of *Mental Health Matters*, a newsletter which is sent periodically to interested persons in the community.

Highlights From The Program Evaluation Report

(Based on FY 81 data)

There were few significant changes from the statistics of the preceding year. Cost per person served was \$245, down \$35. Elderly were less underserved — 3%. The center provides nine of twelve essential services — outpatient, emergency, children's, gerontology, consultation and education, diagnostic screening for courts, aftercare, alcohol services and drug services. Inpatient and partial hospitalization are provided at Marshall I. Pickens, a psychiatric facility housed in the same complex as the

mental health center. Services in these programs have been available to our clients through a contractual agreement. No halfway house is available specifically for Greenville Mental Health Center clients.

Mental health services continue to be acceptable to patients as seen in results from a client satisfaction questionnaire survey — on a scale of 1-5 (5 being very satisfied), clients rated their satisfaction with services as 4.5 on the average. Treatment outcome was rated this year for the first time in the Consumer Satisfaction Questionnaire Survey. The median rating of overall effectiveness fell into the satisfactory to very satisfactory range. An effort was made to measure effectiveness of treatment with a Global Assessment Scale rating at entry and termination, but this was not effective due to inadequate recording.

The number of Consultation and Education hours were slightly higher (3001-3329) this year. Services reached a wide variety of groups and the median range of ratings was satisfactory to very satisfactory.

New this year is the Quality Assurance Program. This program was established to assess and monitor the delivery of mental health services. Two committees — Record Audit Committee and Peer Review and Utilization Committee — function within the Quality Assurance Program to investigate, evaluate and recommend procedures to insure that high standards of care are maintained within the center.

Statistics on state hospital admissions from Greenville County indicated no substantial decrease in reducing hospitalization outside the community. They again emphasize the need for increasing the number of local alternatives to hospitalization such as a halfway house and a transitional living facility.

LEXINGTON COUNTY MENTAL HEALTH CLINIC

During the FY 1981-82 the Lexington County Mental Health Clinic experienced a great deal more stability with regards to funding and staffing. In addition to a full complement of staff members the presence of a full time psychiatrist increased the availability of direct services and afforded consultative services for staffing and case management activities. The addition of a triage worker provided for a more effective management of crisis intervention services during regular working hours.

General outpatient services continued to be provided with special emphasis on consultative and liaison activities with school personnel and Department of Social Services staff. A special consultative contract with a local school district proved to be most effective. A surprise highlight of the year which promoted public relations and mental health education was the Clinic's involvement in a health fair located in a rural segment of the catchment area. The ingeniously organized participation included a well received cake walk; the design of a logo and banner by a local school art class; and, the printing up of T-shirts advertising the Clinic.

The aftercare staff continued to offer outreach services to the clients by expanding the community/church groups located in the environment of the participating clients. A most rewarding venture has been established in the formation of a Senior Citizen's Center sponsored group. Other efforts towards promoting client socialization and communication skills were made in conjunction with the local Friendship Center staff. A most popular Sandwich Board program was conducted which was aimed at the care of the elderly. In addition an ongoing educational group for those who care for elderly members in their homes was sponsored by our staff.

Unfortunately the Clinic, due to a lack of funds, could not provide after hours emergency services. Inadequate space for staff continued to be a problem due to a lack of funds. Hopefully, both issues could be resolved in the coming year.

ORANGEBURG AREA MENTAL HEALTH CENTER

The Orangeburg Area Mental Health Center is a comprehensive community mental health center serving Orangeburg, Calhoun, and Bamberg counties. The Center operates from a main office located in Orangeburg and three satellities: Orangeburg County Satellite (Holly Hill), Bamberg County Satellite (Denmark), and Calhoun County Satellite (St. Matthews). An array of services is offered to residents of the catchment area including inpatient, precare, emergency, outpatient, pastoral, aftercare, and transitional services; special services for children, the elderly, substance abusers, and the courts; and consultation, education, and prevention services. Residents in all areas of the catchment area are eligible for each service.

Accomplishments

1. *Mini-Computer Agreement.* The Center entered an agreement with four other Centers for the development of a mini-computer system designed to undergird the evaluation, quality assurance, and financial programs. A contract for provision of both hardware and software was signed in June, 1982, and installation will be completed during the 82-83 fiscal year.
2. *Funding.* In spite of reduced funding levels, the Center was able to maintain its array of services. Staff was reduced through attrition, and a program reorganization resulted in the transfer of the coordinators of the elderly and substance abuse services from the Community Services Division to the Outpatient Division. Coordination of Consultation, Education and Prevention Services and Pastoral Services was consolidated.
3. *Direct Services.* Direct service contacts totaled 20,766, almost the same as during the previous fiscal year. With fewer clinicians available, this represents an increase in staff productivity.

4. *Indirect Services.* In spite of the loss of personnel in the Community Services Division, the Center continued to respond to requests for information and training. Major programs were offered at several local agencies, businesses, and school districts. Progress was made in collecting fees for the provision of indirect services. The Community Services Division published a booklet describing the availability of packaged programs for community groups and agencies.
5. *Quality Assurance Program.* Minor changes were made in the Center's Quality Assurance Program in order to accommodate guidelines issued by the SCDMH.

PEE DEE MENTAL HEALTH CENTER

The Pee Dee Center completed its second year using the Balanced Service System Model of service delivery. Changes that occurred during the year that were adjustments to the system in response to changing needs include: (1) opening an office in Lake City, S.C. on a full-time basis with one full-time and four part-time staff, (2) modifications in the screening process that allowed for more appropriate utilization of staff time, (3) a system for updating the records of clients that were opened prior to the implementation of the integrated Medical Record System, (4) an increase in the number of Planning Linking Conferences (PLC) and the initiation of a rotating schedule for those staff selected as PLC Members, (5) two comprehensive Quality Assurance Committee (QAC) audits were conducted in order to monitor compliance with the new Record System requirements, (6) the inclusion of a full-time psychiatrist on our staff, (7) staffing an office in Darlington, S.C. one day a week, (8) the continual process of redistributing staff time in order to meet client needs, and (9) modifications in the management information system based on state-wide revisions and upgrading the Center unique reporting system.

The Pee Dee Mental Health Center was successful in increasing the utilization of Center services during this fiscal year; there was a 42% increase in client contacts from the previous fiscal year. The clinicians not only increased contacts, they increased (by 26%) the number of different individuals who comprised these Center contacts. The Center staff utilized their time more efficiently and spent more of their time in direct service activities, which increased productivity by 83%. All this was accomplished while limiting the client's penetration into the system with referrals to an appropriate community resource (1% decrease in admissions into direct treatment services). There were fewer State Hospital admissions from our Cathment Area, although there were increased discharges from these State facilities. However, our collection rate (the amount collected against the amount charged) decreased 11% when compared with the previous fiscal year although there was a 30% increase

in the amount of money collected. The Prevention unit increased Consultation and Education sessions by 39% over the previous year.

The major goals for fiscal year 1982-83 include (1) continued efforts toward maximizing service provision and staff productivity, (2) maximizing all Center resources in the most cost-effective manner, (3) increasing the collection rate in order to help off-set the projected decreases from funding sources, (4) the installation of a local in-house computer system, (5) continue the application of the Balanced Service System Model, and (6) actively seek JCAH accreditation.

PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

The purpose of this report is to review the activity of the Piedmont Center for Mental Health Services over the 1981-1982 fiscal year. The center has continued to maintain four office sites to serve its catchment population now numbering over 90,000. Two offices, Simpsonville and Greer, offer all out patient services on a full time basis. The Piedmont satellite is open one day a week. The fourth office is the Partial Hospitalization program, which has been much used in the past year. It provides services from 9:30 to 2:00.

A client satisfaction survey conducted in March, 1982, indicated the center services continue to be well received by those served. Center services were rated as always or usually helpful by 91% of those responding. Ninety eight percent felt that they always or usually were received with warmth, sensitivity and respect. Ninety five percent stated that they definitely or probably would return to the center for further services, if necessary. Ninety six percent thought that services were provided quickly and at a convenient time.

An analysis of where center patients reside indicates that overall the center is reaching the catchment population. The analysis was done by zip codes. The major zip codes and the percentage of admissions from each in the 1980-1981 fiscal year and the first 10 months of the 1981-1982 fiscal year follows:

		1980-1981	1981-1982 (10 months)
29607	Eastern Greenville	3.3%	4.5%
29615	Northeast Greenville	3.8%	3.6%
29644	Fountain Inn	5.4%	5.2%
29651	Greer	27.7%	27.4%
29622	Mauldin	4.5%	5.3%
29673	Piedmont	4.2%	3.9%
29681	Simpsonville	16.6%	17.6%
29687	Taylors	16.3%	15.8%

Several other areas and communities have less than 3% of the center's admissions in each year. The center, besides clients from the catchment

area, serves a small number of people from Spartanburg, Laurens, and Anderson counties.

The Piedmont Center for Mental Health Services continues to serve a high child related case load. The percentage of admissions to services for children up through age 17 is 22.2% for the first ten months of the 1981-82 fiscal year. This is up slightly from the 21.7% during the 1980-81 fiscal year. Since, on average, one parent is opened as a client for each child opened, this means that slightly over 44% of the total center openings for the 1981-82 fiscal year are child-related, being the child or parent of the child being presented for treatment.

On a somewhat negative note, the percentage of non-white persons being admitted to the center has decreased slightly from 1980-82, from 11.9% to 10.8%. No reason is readily apparent for the drop. The figures have varied considerably from quarter to quarter. For example in the October-December quarter the non-white admission rate was 12%. The overall drop in minority admissions to the center is a source of concern. This finding will be presented to appropriate staff so that further investigation can be done and appropriate action taken.

The economy in the Greenville area has taken a turn for the worse during the 1981-1982 fiscal year. This has resulted in increased unemployment and financial stress. The total number of admissions for the first ten months of the 1981-1982 fiscal year is 1267, which projects to a yearly total of 1520. This represents a 4.2% decrease from the number of admissions during the 1980-1981 fiscal year, during which 1586 cases were admitted for service.

Despite that drop, the Piedmont Center is encouraged by the increasing number of severe problems admitted to service. During 1980-1981, 4.9% of the admissions, or 77 cases, received DSM III diagnoses between 290.0 and 299.9, which represents the most serious mental disorders. During the 1981-1982 fiscal year, 7.1% of the admissions, or 108 cases received diagnosis between 290.0 and 299.9. This represents a 40% increase in number of cases with serious disorders.

The center sees this as a significant trend, which is in keeping with State and Federal emphasis on treatment of the chronically mentally ill. These figures indicate that the Piedmont Center is being able to reach out to serve the seriously impaired at a time when the general economy is slumping.

The most exciting new venture of the Piedmont Center has been its involvement with the board of the Piedmont Treatment Home for Adolescents in developing the first community based treatment home in the State. The Center is extremely proud to have been selected by SCDMH to be the center responsible for the establishment of this home.

Several months were spent working with the members of the Treatment Home Board, consultants from the Bringing It All Back Home

project in North Carolina, operators of over 20 such treatment homes in that state in laying the groundwork for the opening of the home in January, 1982, for emotionally troubled boys between 11 and 16.

The Center handles much of the administrative and fiscal management of the home under contractual agreement with the board of the Treatment Home. The Center also provides therapy to the boys in the home as needed as well as work with the families of the boys.

There are plans underway for a girl's community treatment home to be opened soon. Personnel has been hired. The major obstacle at this point is obtaining a suitable house.

Overall, the 1981-82 fiscal year was an exciting one for the Piedmont Center for Mental Health Services. Increased attention to Quality Assurance by many staff members has upgraded the quality of the Medical Records to reflect more accurately and completely the high quality of services rendered by staff and shown by the Client Satisfaction Survey. This effort has also pointed out directions for action to improve the Center's services. These will be pursued during the 1982-83 fiscal year.

SANTEE-WATEREE MENTAL HEALTH CENTER

Twenty years ago this past year, a group of concerned citizens began meeting to explore the need for and plan for an outpatient mental health clinic. During the ensuing years, this small beginning has grown from a one-day a week clinic to a fully comprehensive community mental health center responsible for an array of mental health services to the citizens of Sumter, Clarendon, Kershaw and Lee Counties.

Although there has been phenomenal growth in services over the past twenty years, the Center reached its peak in 1980. Since that time, there has been a steady reduction of services and staff. This past year can be characterized as one in which the Center has stabilized at a reduced level. The Center currently offers eight essential services with a complement of forty-two support and professional staff.

The Center's Board of Directors has given positive direction to the Center, particularly during these past few years of uncertainty. In addition, the Citizens Advisory Council has continued to study issues pertinent to this Center, offering the Board direction and advice on these issues. Although there have been changes in some key staff positions, the staff has remained relatively stable and has worked diligently to maintain the previous levels and quality of services. The Board has continued to be committed to the disbursement of staff throughout the catchment area and offices are maintained in the four county seats.

The maintenance of services is reflected in the projected-service statistics for 1981-82. Admissions to the Center are projected to be 1,500 and unduplicated patient contacts at 3,100, both virtually at the same level as

the previous fiscal year. Outpatient contacts are projected to be 16,800, a 7% decrease over the previous year. However, Partial Hospitalization days are projected at 3,215, a 10% increase, Consultation, Education and Prevention Services reached 51,457 persons over the past year, a 37% increase. The expansion of media contacts would explain this large increase. Of equal significance, admissions to central psychiatric facilities were down by 10%, at a projected rate of 451 admissions for this past year. The Center has continued to emphasize the maintenance of patients in the community as well as the local inpatient psychiatric unit being the first option.

Over the years, the Center has developed a well-defined and directed core of volunteers whose contribution is of major importance to the Center. These volunteers have become increasingly important over the past few years, making an even more meaningful impact on the Center's programs. There has been a positive blend of the interested citizen and the professional.

Overall, it has been a productive year with a sense of the program stabilizing after several years of uncertainty. The Center now looks forward to the tasks ahead in this next fiscal year.

SPARTANBURG AREA MENTAL HEALTH CENTER

The fiscal year was a very busy one for the center from several important standpoints:

We had an increase in client contacts as well as new client admissions over the past fiscal year. The interesting statistic on the new client intakes was the gain of about 25% in male clients — both black and white — and from 10% to 30% in children.

The fee collections were adequate to meet budget needs in spite of the fact adjustments had to be made in several cases due to the economy.

The main focus of the center staff, other than patient treatment, was in working out and changing our procedures, charts and billing in meeting the requirements of the 40-01 Medicaid standards. The Quality Assurance Committee, working with the Executive Committee and the support staff, has implemented what we feel is a very satisfactory methodology to insure our payments from DSS.

The overall administration personnel were recommended by the SCDMH Site Team for the financial management, collections, and expenditure controls that allowed us to survive two mandated budget cuts during the fiscal year and still operate with a surplus.

The center had to refer more patients to the State Hospital system than in the past two years due to the elimination of court screening funds for local hospitalization. This put a heavy load on our Probate Court hearings and Aftercare staff. We also have had to use our qualified members of the staff and our staff psychiatrists as designated examiners. All have worked

to absorb this additional cost and load to the center. The Aftercare department is commended for its organization and team work with all professionals and support staff.

The Outpatient Unit functioned well with a very high rate of efficiency in spite of the added paper work and case load. There was an increased interest and focus on services to children where a decided increase in admissions occurred.

The C & E Unit worked on industrial contracts, having two in force, and keeping us well in touch with the media as well as being responsive to the community's needs. There have been many workshops on such subjects as Systematic Training for Parents, Management of Stress, Dealing with Children in Crisis, Obesity and many others.

The Partial Hospitalization Unit has and is gearing up for higher case loads due to several local factors that will be bringing in more patients to use this service. They have done a good job of planning for this in the coming fiscal year.

Both satellites are functioning well with Cherokee gaining in patient contacts and fee collections. The counties are doing the best they can to aid financially these units, although Union County is suffering the highest rate of unemployment in the nation.

We now have, including our Director, two full time psychiatrists and one part-time psychiatrist on the staff. This plus our highly qualified staff will greatly increase the quality of patient care.

The focus for 82-83 will be on cost control and patient care of the highest quality. The cost and patient care will be monitored closely by administration and the Quality Assurance Committee.

The site visit was complimentary of all facets of our operation and it is our desire to improve in all areas that we can afford within our financial ability and to continue our high level of treatment with credibility and accountability.

TRI-COUNTY MENTAL HEALTH CENTER

During Fiscal Year 1981-82 the Tri-County Mental Health Center continued to offer a wide range of comprehensive mental health services for the residents of Chesterfield, Marlboro, and Dillon Counties. The clinical staff maintained as its primary objective the desire to prevent, reduce, or eliminate mental anguish and positively promote the mental health status of area residents. In April, the Center received a Primary Prevention grant from the State to provide prevention and early intervention services for children who may experience psychological trauma when a parent is institutionalized.

In addition, the clinical staff hospitalized approximately 51 people for inpatient psychiatric care and alcohol and drug detoxification. These professionals also assisted 296 people who were experiencing psychiatric

emergencies after hours.

Another 370 patients were screened for potential admission to the S. C. State Hospital system and 90% were diverted into alternative, less costly treatment in the community. As a result the Center relied heavily on its partial hospitalization/day care program, its transitional living (residential care) program, and aftercare programs to provide the needed support services to maintain the chronically mentally ill in the community. These three programs provided 5,672 therapeutic interventions with the aforementioned clients.

The Tri-County Mental Health Outpatient staff has also been very busy this year providing 3,984 hours of services for children, adults, and the elderly. Their focus has been to provide therapeutic activities, i.e., marital counseling, family counseling, individual, and group psychotherapy to address mild to moderately severe emotional problems. Outpatient programs were designed to help the participants gain a greater understanding of their problems, examine alternative solutions, or design methods of coping with daily stress.

The Center also developed and initiated a new quality assurance program that will focus clinical attention on documentation, appropriateness, client utilization, and the individualized treatment needs of the consumer.

As can be determined from the aforementioned activities, the Tri-County Mental Health Center staff has maintained highly productive and responsible programs even though fiscal constraints have continued to grow. During Fiscal Year 1981-82, the Mental Health Center experienced the elimination of court screening fundings, and a reduction in state and local funding. As a result, the Center had to reduce the scope and capacity of the screening program, inpatient services, and transitional living residential care programs. In other areas, programmatic emphasis had to be shifted from direct treatment to primary prevention, early intervention demonstration projects.

In Fiscal Year 1982-83, and for the next five years, the Center anticipates additional shifts in programs to accommodate the treatment needs of the increased number of chronically mentally ill patients who are being returned to local communities from state institutions. During this period of time, the Center will also focus on severely mentally disturbed children and adolescents, the elderly, multi-handicapped populations, i.e., alcoholism and mental illness, or mental retardation and mental illness, and poverty income populations. The Center is fortunate in that for the first time in its development history, it has a full-time resident psychiatrist to assist in the restructuring of clinical programs to successfully address the treatment needs of the aforementioned target populations.

WACCAMAW CENTER FOR MENTAL HEALTH

Although funding question marks have punctuated the whole of FY 81-82, a full range of Mental Health Center services have been provided in the district during the year. The Center has continued to devote much effort over the past fiscal year in providing quality services in as efficient manner as possible to meet the needs of all citizens in our catchment area. During FY 81-82 several goals were established on a Center-wide basis and efforts to meet these goals met with success.

During FY 81-82, the Center has expended much effort to insure that needed outpatient services are available to consumers, not only during normal working hours but also during evenings and weekends. The Center has strengthened its system of providing flexible staff hours and schedules to meet the needs of those consumers who cannot avail themselves of Center services during normal hours of operation. Each Center office in the Mental Health district has provided a schedule of staff time after 5:00 p.m. to offer outpatient services.

In addition, a commendable effort has been put forth through the Mental Health Center staff to provide afterhours, weekend, and holiday emergency services to residents of the area. Through a network which utilizes Center staff on call, local hospital emergency room facilities and staff, and a variety of other input from law enforcement, DSS, courts and other resources, the Center has further developed its provision of emergency services during FY 81-82.

During FY 81-82, the Center has developed a very active Stress Management Program which has been offered to many resources in the community during the year. Two staff members of the Center carry primary responsibility for initiating and conducting workshops and programs in the area of Stress Management and have done so within a variety of settings for a varied group of participants including members of the public, school personnel, Mental Health Center staff, agency personnel, and various other individuals and community groups.

Another major goal for FY 81-82 has been to establish an Employees Assistance Program throughout the catchment area and the Center has secured one contract with a local industry and has made contact with several additional industries within the catchment area. The Center foresees several more EAP contracts with local industries in the future.

In addition, the Center worked to increase revenue collections increasing its revenue collections by 18% over the previous year.

It has been felt the Center should continue to educate the public about Mental Health and prevention of mental illness. The Center has had an aggressive public awareness campaign in operation throughout the entire year. Included in this campaign were Stress Management seminars for agencies and communities; and radio, television, and newspaper announcements and articles. The Center also participated in numerous

health fairs staged across the catchment area.

The Center continues to focus on provision of services to the area's black population through the Minority Outreach Program. The Minority Outreach Program has been very active over the past year in educating the black citizens about mental health as well as developing innovative programs including growth groups for youth; alcohol and drug education groups; and a special summer recreation program for black youths.

The Center has shown an increase in the number of clients over the previous year. The Center's client-satisfaction surveys reveal positive acceptance of our services by our consumers. The number of persons reached through the different Center services has also increased dramatically over the previous year.

EARLE E. MORRIS, JR. ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

Office of the Director

Fiscal 1981-82 has been a positive and productive year for Morris Village in both the area of improved and expanded treatment services, and the development of improved technologies to accomplish support services in a more efficient and effective manner.

In January 1982, the Word Processing Center began operation. As a result, the quality and effectiveness of medical records documentation has improved markedly. Additionally, that unit now allows a variety of documentation and correspondence to be produced in a much more cost-effective manner.

The consolidation of telephone services in the Administration Building has resulted in a more effective management of telephone service, as well as an efficient mechanism for management of traffic flow.

The addition of a medical records Lektriever has resulted in improved records storage, which also provides ready access to a larger number of records. The copy machine, CRT terminal, and the addressograph machine have been consolidated in the central location, which allows improved utilization of the equipment, and more effective space utilization.

An effective Management Information System has been developed and implemented, and all treatment staff currently provide data which enhances the capability of assessing the utilization of staff and resources, and will provide opportunity for improved program evaluation.

The administration and professional staff has continued to streamline the Village's treatment program, through program modifications, expanded scheduling, and the on-going assessment of treatment offerings.

Of significance in this regard is the development and implementation of Pre-admission screening, by which referrals who, by virtue of severe medical or psychiatric conditions, can not function effectively in this

facility, may be referred to a more appropriate treatment setting. Subsequently, they may be again referred to Morris Village for the treatment of their substance abuse problem.

In addition, the Short Term Treatment/Evaluation Program (STEP) has provided a setting where residents who are admitted, but who need specialized services which are not appropriately met in the regular program may have those services provided.

Although it is at present not feasible for the Village to pursue JCAH accreditation, the administration is continuing to parallel JCAH standards in programming, medical records documentation, and physical plant. Currently, emphasis is focused on the development of an effective quality assurance program which will be implemented in the coming year.

With regard to fiscal and resources management, the administration has developed several strategies which will improve the utilization of resources. An energy management program has been instituted which will allow for more efficient use of energy, and the further utilization of solar energy for the Village and cottages is under study. Canteen staff salaries are now generated by canteen revenues, and monthly reviews of expenditures and budget allocations will assure that the Village continues to operate within current fiscal allocations.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

Program Development

The past year at Morris Village has seen programmatic changes necessitated by the continuing tightening of resources and by a change in the client population. The office of Program Development and Training Management has worked with the Deputy Director for Treatment and Program Services and other departments in planning, implementing and managing these needed changes. A Special Treatment and Evaluation Program was developed as a response to a need for a specific segment of our client population. This program is more fully described elsewhere.

In a maximize effort to our resource base and to minimize program and staff turbulence, other changes have been effected as modifications to the existing program. This has allowed the Village to continue to provide quality treatment services while still meeting the requirements of a steadily restrictive resource environment.

This office provided day-to-day management of the treatment program, coordinating space, time, and staff resources and responding to problems.

In addition to program management, this office also provides staff for treatment services. All personnel in this section conduct lectures, group therapy, individual therapy and special groups. We also perform case manager and treatment team functions.

As a focal point for program management, this office has continued to provide leadership in primary prevention activities, and has maintained quality assurance activities.

Training and Management

With the continued reduction in funds available for outside training, increased efforts have been made during the past year to provide quality in-house training to maintain the quality of services provided to our residents. Planning has been accomplished to provide a more comprehensive framework for training beginning with orientation, and including new approaches to specific age and substance populations, personal and professional growth and development, as well as basic skills training.

A Training Committee was formed to assist, through recommendations, in the allocation of limited resources. In conjunction with training, a Primary Prevention Committee, chaired by this office was formed to provide recommendation for primary prevention abilities for staff as well as client populations. These two committee's have been instrumental in expanding the developmental training offered.

The reorganization of the Credentials Committee and the publication by this office of a directive for clinical privileging has been an important step both in assuring quality treatment for residents and also in providing training needs information to this office.

The Center again provided significant support to the S. C. School on Alcohol and Drug Studies. Ten staff attended as participants and over fifteen staff acted as faculty at the school.

Adult Education

The opportunities to increase basic literacy skills and also to prepare for the GED are provided to our residents through the Adult Education Program. This office provides local supervision and program coordination for the adult education activities. The teacher, provided on a part-time basis by Richland School District #1, works closely with the center staff to insure the best possible services within the resource constraints that exist.

In the past year, a total of 125 residents in need of continuing their basic education have been enrolled in the Adult Education Program. Of these, 83 were enrolled for GED preparation, thirty-five of those took the examination, and twenty-nine were awarded the GED.

LIBRARY AND VOLUNTEER SERVICES

Library

The Morris Village Library is staffed by a full-time librarian/volunteer services coordinator. Current newspapers and magazines and therapeutic videotapes, as well as books, are available. The library encourages both

residents and staff to use these resources. Therapists and the librarian suggest library material that help with residents' treatment. The bibliotherapy program begun three years ago, is now an ongoing facet of treatment at Morris Village. Library and Media Center personnel also provide bibliotherapy training for SCDMH personnel and staff from other agencies.

The Morris Village library participates in the SCDMH inter-library loan program whereby books and journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-library loans are also available from the S. C. State Library and, through it, Cooper Library at USC; the School of Medicine Library and other Columbia area medical libraries; and Richland County Library. Through SALIS (Substance Abuse Librarians and Information Specialists) Morris Village has access to other collections of alcohol and drug abuse materials throughout the world.

To provide for maximum use of library materials there are reading centers in each of the cottages and in the women's (staff) lounge. Volunteers donate many of our books and keep the library open many evenings and weekends.

The library acts as a resource to staff by providing the inter-library services mentioned above and by periodic review and update of subscriptions to professional journals received through the library and available to all staff. It also acts, in the interest of primary prevention as a resource to the community by providing information on substance abuse, mental health and Morris Village to those who request it.

Volunteer Services

Volunteer Service is one of the community liaisons of Morris Village. The Volunteer Services Coordinator requests and accepts contributions of materials and services from the community and channels them to the department in which they can be most useful. She works with staff to develop volunteer programs and recruits volunteers requested by Morris Village staff. The coordinator also orients the volunteers to the facility, keeps records of their services and is responsible for their quarterly reviews. She is also responsible for their recognition. The Morris Village Volunteer Services Coordinator works with other SCDMH volunteer coordinators as well as with the Mental Health Association, the Voluntary Actions Center, and the South Carolina Association of Volunteer Administrators to provide programs that enrich treatment at Morris Village.

MEDIA CENTER

The Media Center has moved its operation center to a new location within the Village which resulted in adjusting capabilities due to the new space arrangement. An increased emphasis was placed on group therapy

video taping although it was limited to black and white production due to the smallness of the studio. A major advantage of the new center has been the location of all sections, graphics, video, A-V equipment checkout, photography and offices under one roof.

More emphasis has been added to the production of print media for Village communication as well as public education. The new resident handbook was printed as well as the reordering and distribution of 6,000 new informational brochures. Inserts for these brochures were attractively designed and printed for the Volunteer Program, the Youth Adult Program and the Internship programs for Social Services, Activity Therapy and the Media Center.

The video production department has added an Electronic Field Production TV camera to its production section which has increased its portable capability greatly. Since the new camera works very well in low light situations, increased therapeutic and training applications have been made.

Teleconferencing has become a major area of concern for the future of Morris Village Media as well as that for all of the SCDMH. Two programs were produced this past year for statewide closed circuit distribution. The Media Center in conjunction with S. C. Educational Television has planned a greater utilization of teleconferencing for agency communication and staff training.

ACTIVITY THERAPY SERVICE

During the past year, the Activity Therapy Department of Morris Village has continued to develop and redefine the system of specialized activity therapy groups. These groups are designed to meet specific, individual treatment goals.

There are currently sixteen of those groups being offered. Examples of the specialized groups are beginning Guitar, Voice and Music, Leisure Counseling, Creative Movement, Group Skills Development, Hortitherapy, Ceramics, Physical Conditioning, and Leisure Skills Development. Groups meet four times per week, and average attendance ranges from six to twelve.

Residents are assigned to an Activity Therapy Group from the Activity Assessment Team. On his/her third day at Morris Village, the new resident meets with two members of the Activity Therapy Staff. The two staff conduct an interview, and the Activity Therapy assignment is based on that interview.

The Activity Therapy staff is responsible for offering diversionary activities during the evening and on weekends. To this end, our staff coverage extends to 9:00 P.M. each day except Sunday. During this period, residents are encouraged to take responsibility for planning for themselves with the Activity Therapy staff serving as resource personnel.

In addition, a monthly calendar of events is posted in each cottage. These include, but are not limited to dances, tournaments, outings, shopping trips, swimming and the like.

For information on the Activity Therapy staff of the Young Adult Program, please see that section of this report.

During this year, one of the shop positions was changed so that a Registered Music Therapist could be added to the staff. She has had a positive impact on both the clinical and diversionary program by offering structured Music groups and one central place for music equipment and supplies.

The group therapy program of Morris Village was supported by Activity Therapy providing more than 20% of the primary and co-leaders used during the year. Several times during this year, a member of the Activity Therapy Service has served as the sole leader for a Group. This was accomplished without a reduction in other services.

Participation in SCDMH and other training opportunities was encouraged. A number of different workshops were attended by Activity Therapy Service personnel. Further, several members of the Activity Therapy Service have served as presenters at various meetings and workshops. These presentations have been on the subjects of Hortitherapy, Parenting, Recreation Therapy, and the like.

SOCIAL WORK SERVICE DEPARTMENT

The year began with the department focused on two projects: a sociocultural assessment model for group therapy assignment and a proposal for expansion of services to families. Both were accomplished although the assessment model is not yet in use. However, services to families showed considerable improvement due to expanded therapy services to families from Richland, Lexington and Fairfield counties. (See Statistical Summary.)

There was continued emphasis on client delivery services as reflected in the statistical summary. Services in most categories increased, including, as mentioned above, services to families. Such provision is in keeping with our overall objective to provide a medium of interaction through which the resident can effect changes in himself by learning to deal with problems as they emerge within the home community. It is also reflective of a skilled, committed and professional staff.

Programmatically, the department continued to provide leadership and support to special emphasis groups focused on family, women, legal issues, career development, and assertiveness training. Our involvement in programs providing biofeedback training and relaxation techniques also continued.

Additional staff involvement was in areas of primary prevention through participation in community, church and school/college activities

and in providing workshop training for inter and intra-departmental staff in several areas.

Many staff maintained professional certification as Addictions Counselors, ACSW and as certified marriage and family therapists. Such certification is in keeping with our endorsement of professional growth. All staff participated in workshop training programs.

Our teaching relationship with USC, College of Social Work, continued with four students in either first or second year placement during the year. And, we entered into a teaching/practicum relationship on a post graduate level with USC, School of Education.

During the year we also entered into a Memorandum of Agreement with the Columbia Area Mental Health Center and their Family Intervention with High Risk Children Project.

At the time of this writing, the Department consisted of 18 staff — five Clinical Social Workers, eleven Social Workers and two Addictions Specialists. We had one existing vacancy to be filled.

SUMMARY STATISTICS REPORT

July 1981-June 1982

Individual Contacts

(Residents, Families, Collaterals)	19,390
Group Therapy Sessions with Residents	
(including Special Emphasis Groups)	1,807
Group Therapy Sessions with Families	485
Family Members Participating in Family Program	
(includes Family Groups, Families Anonymous, Couples	
Therapy)	2,757

AFTERCARE SERVICE DEPARTMENT

Throughout Fiscal Year 1981-'82 Aftercare Services at Morris Village continued to develop and improve its areas of responsibility. These areas of responsibility continue to be: 1) Follow-up/outreach; 2) Narcotics Anonymous/Alcoholics Anonymous; 3) Aftercare planning and referral; 4) Community Residence Program; 5) Assistance to the clinical program as appropriate.

Although budget cuts greatly limited travel, other efforts were made to assure follow-up for ex-residents. Much more use was made of telephone and written communication with referral agents. Aftercare Services has scheduled several training events which referral agents were invited to attend. Special efforts continued in an effort to have both County Commissions on Alcohol and Drug Abuse and Mental Health Center staff visit Morris Village. The Aftercare staff continued to offer a wide range of public education and outreach with public schools, correctional facilities,

civic groups and professional organizations.

The development of a closer relationship with the AA community became a priority this year. A part of that effort has been to formally establish an AA Group at Morris Village. Approval of what will be called the "Faison Drive Group" will occur within the next month. Extensive efforts have been made to better inform AA groups about Morris Village and offer more exposure of AA to Morris Village residents. A program has been established which allows Morris Village residents to be assigned a "temporary" AA sponsor.

During the Fiscal year, Morris Village residents were given the opportunity to attend 260 AA meetings. Past and present Morris Village residents attended AA over 4,800 times. There were over 100 Narcotics Anonymous meetings at Morris Village with an average attendance by past and present residents of 23.

Aftercare planning and referral continues to be a vital part of the treatment plan at Morris Village. Shortly before the resident's scheduled discharge, aftercare arrangements are finalized, and an appropriate referral made. During the Fiscal Year of 1981-'82 the Aftercare Department made approximately 1,000 referrals to local programs, the majority of these to Community Mental Health Centers or County Commissions on Alcohol and Drug Abuse.

The Morris Village Community Residence Program maintained licensure for ten males and eight females. Almost \$13,000 rent was paid by the Community Residence Program residents with \$10,505 being spent for food. Fifty-seven admissions were made with the average daily census remaining over 13.

Several members of the Aftercare staff also served as faculty of the S. C. School of Alcohol and Drug Studies.

PSYCHOLOGY DEPARTMENT

The Psychology Department has placed major emphasis on continuing to provide high quality professional services in the most efficient manner possible. Ongoing fiscal considerations have required staff to accept increasing responsibilities to insure the same standard of excellence in service delivery, as well as actively supporting the goals and objectives of the remainder of the Village. With fewer staff available, the Psychology Department has continued to fully cover its responsibilities for psychodiagnostics and consultation, as well as group and individual therapy, special emphasis groups, didactic sessions, and committee chairmanship and membership.

The department has been directly involved in the development and implementation of a new treatment program component for residents with special needs. Requests for comprehensive psychological evaluations

have increased significantly, and the multi-level screening process and assignment of a full-time doctorate level staff member to the Triage Team have enhanced the entire evaluation system.

Supervision and training have been maintained as a high level of priority in the Psychology Department. In addition to the normal duties of supervision of psychodiagnostics and psychotherapy, inservice workshops have been offered in the areas of neuropsychological assessment and time management for clinicians. Emphasis has also been placed on the training of other staff for leadership roles in the Assertiveness Training Series, and members of the department continue to be actively involved in modifying the Women's Group to meet the changing demands of the population.

NURSING SERVICE DEPARTMENT

Nursing Service continues to provide a wide range of services to residents at Morris Village for newly admitted residents as well as for those who are confined to the infirmary due to illness. Nursing Service personnel monitor resident cottages around the clock, provide orientation to the Village and the program for new residents and arrange transportation to the various medical clinics.

During the past fiscal year, Nursing Service personnel have worked with the new residents as group leaders and/or co-leaders, and continued providing Family Planning services to residents of Morris Village and other facilities within the Department of Mental Health as needed.

MEDICAL SERVICE DEPARTMENT

Medical Services are provided at Morris Village by three physicians and two Physicians' Assistants. During the past fiscal year, there has been considerable improvement in services rendered. Medical staff are responsible for the initial medical evaluation of all residents prior to admission through the Pre-Admission Screening process. This process allows for the screening out of potential residents who are inappropriate for this facility due to medical or psychiatric conditions, prior to actual admission.

Once the resident is admitted for treatment at Morris Village, the medical staff completes an initial physical examination and comprehensive medical history. When indicated, appropriate medical treatment is initiated and/or referral to appropriate medical clinics is ordered. Additionally, on-going medical services are rendered through daily Sick Call, with confinement in the Village infirmary when indicated.

Finally, participation by Medical Staff in Treatment Teams and various treatment components has resulted in closer understanding and cooperation between this service and other treatment services.

CHAPLAINCY DEPARTMENT

The Department of Chaplaincy at Morris Village provides pastoral and educational services in three primary areas of the program.

In direct resident care, chaplains provide pastoral care services to all residents, including worship services, individual, group and family therapy, and pastoral counseling designed to address specific treatment issues for chaplaincy referrals. In addition, chaplains serve as pastoral consultants for all Village Treatment Teams.

The clinical Pastoral Education program provides CPE training for clergy through a part-time, extended unit from October through May, as well as a full-time basis during the Summer.

Chaplains also provide informal pastoral care as well as formal pastoral counseling for other staff members of the Village, as needed. Additionally, members of this department are continually involved in a variety of treatment programs and committee activities in the Village.

This Department has undergone some changes during the past year. A new director has filled the position left vacant by the previous chaplain. The reaccreditation of the CPE Program has been put in process. A positive experience with and response from the Accreditation Site Visit Team leads us to believe that accreditation will be completed shortly. Three seminarians and one community minister are currently involved in the summer program of basic CPE.

VOCATIONAL REHABILITATION DEPARTMENT

As compared with several previous fiscal years, 1981-82 has been one of relative stability for Vocational Rehabilitation. The Village treatment program implemented last year continued to prove successful in meeting the needs of the population this year. Staff vacancies were minimal and the new staff acquired last year became more acclimated this year. The Vocational Rehabilitation team concentrated on rendering quality services to a greater proportion of the Village population in a more expeditious manner.

With the strong support of other disciplines, treatment teams and the Project Committee, those goals were achieved. Increases significantly out of proportion to the increase in Village admissions are reflected in the following statistical report of Vocational Rehabilitation casework for fiscal year 1981-82.

The Vocational Rehabilitation staff interviewed 718 referrals from treatment teams (a 14% increase over the previous year); of the 718 referrals, 386 or 54% were found eligible for Vocational Rehabilitation services (a 7% increase over the previous year). 290 cases were transferred to Vocational Rehabilitation Field Counselors in Area Offices across the state for job placement and follow-up in their home community (a 53%

increase over the previous year). 94 clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation Office at Morris Village. As a direct result of the efforts of the Vocational team at Morris Village, 41 clients who remained in the Columbia area have been successfully rehabilitated at an average cost of \$118.00 per rehabilitant.

COURT LIAISON SERVICE DEPARTMENT

The Court Liaison Unit has continued to provide paralegal services to adult and juvenile residents at Morris Village with criminal, civil or domestic problems. For the year 1981-1982 the total number of residents referred to the unit was 653.

Although the number of staff members in this unit has been cut by one-half, we continue to provide the same liaison services both to the resident population and to the legal and judicial communities across the state. Our staff also function as case managers and group therapists in regular and special emphasis groups, provides appropriate coverage to the four treatment teams, and represents the department on the Patients' Rights Committee and the Primary Prevention Committee.

Our Memorandum of Understanding with the S. C. Department of Corrections has again been updated, resulting in plans to increase the number of referrals from that agency.

In addition, Court Liaison personnel have attended and testified in 3 parole hearings and 27 court appearances.

FISCAL YEAR JUNE 1981-JUNE 1982

Clients Accepted	653
Major Leading Referrals:	
Department of Corrections	23
Probate Courts	16
Mental Health Centers	80
County Commissions	264
Public Defenders	25
Department of Youth Services	28
Lexington/Richland Alcohol and Drug Abuse	62
Sumter Court Program	23
Probation/Parole Offices	24
Court Appearances	27
Parole Board Hearings	3

YOUNG ADULT PROGRAM DEPARTMENT

The Young Adult Program during this year has been consolidating previous gains in several areas. With the location of offices adjacent to the

Young Adult Cottage, efficiency and effectiveness have been enhanced. One-hundred-eighteen residents were treated, reflecting a high utilization rate for the available beds; these beds are now the only publicly funded treatment slots in the state for the treatment of substance abusing adolescents.

The Outdoor Education Program has been significantly strengthened during this past year, with the purchase of sufficient gear to enable the program to function independently. Three day back-packing trips are now held monthly; all this year have been to the National Wilderness Area along the Chattooga River in the Piedmont area. Staff conducting these trips have received extensive training, not only in therapeutic camping in a wilderness environment, but also in first-aid. All trips are made with staff with this training, and a Red Cross Certified Life Guard.

A new program was added to the treatment offering of the Young Adult Program during the year: Martial Arts. The Martial Arts Program meets twice weekly, under the direction of a Black Belt instructor who is a member of the Young Adult Program Social Service Staff. Its main goals are to teach physical conditioning and self-discipline.

Closing work relationships have been maintained and strengthened with the S. C. Department of Youth Services, and with Richland School District One. Officials from the Department of Youth Services meet monthly with the staff of the Young Adult Program to review referrals and inter-agency cooperation. The School Program has become more closely allied to the clinical program, with consequent improvement in services to clients.

Continuing programs for residents and staff have been maintained: for staff — a biweekly staff group; regular involvement in training through Staff Development and through cooperative arrangements with other agencies; for residents — group and recreation therapy; leisure counseling; home economics; family issues group; family therapy; men's and women's groups; personal and social skills.

Lastly, the Young Adult Program was proud to celebrate its fifth year of existence in June with a drop-in for Morris Village staff and former Young Adult Program staff. All-in-all, it has been an excellent year for the program.

ADMINISTRATIVE SERVICES DEPARTMENT

The Administrative Services departments acted to insure that the Center operated in conformity with SCDMH policies and procedures through expenditures and reimbursement review, budget preparation, financial planning, and the monitoring of personnel actions. Administrative Services departments continued to support and cooperate with Professional Services departments in order to provide the highest quality of care and treatment to its residents.

Administrative Service is continuing to evaluate and update systems which will provide for the highest quality of treatment. The newly established Word Processing department has provided quality and efficiency to residents' medical records. The centralization of the telephone system has enabled the Center to better meet the needs of the residents while providing a cost effective method of receiving telephone calls to the various departments.

Administrative Services departments are commended for the outstanding work they provided during this period.

CAMPUS POLICE DEPARTMENT

Campus Police duties were expanded during the year to include fire and safety responsibilities and searching all new admissions. The procedure for marijuana urine screening and new admissions' urine screening was changed to show the number of discharges resulting from positive screens.

Training of officers at the Criminal Justice Academy, as well as other job related workshops and schools continues to be a high priority.

The position of Public Safety Lieutenant was reclassified to Chief of Public Safety.

During the year over 3,000 contraband items were confiscated. Other preventive measures were taken to control outside traffic and contraband.

PERSONNEL SERVICE AND EMPLOYEE RECORDS DEPARTMENT

Our total staff for this year remained 184 — 136 funded with appropriate funds and 48 funded with fines and forfeiture funds. During the fiscal year, 21 persons were employed, 15 separated, 1 transferred to another facility and 7 transferred into Morris Village from other facilities. Other personnel actions included 2 promotions, 17 reclassifications and 4 retired (3 medical and 1 regular).

REGISTRAR DEPARTMENT

The number of admissions and discharges to Morris Village continued to increase during the year with a total of 1470 admissions and 1467 discharges. The Admissions and Disposition Section encountered very few problems during the year. A pre-screening process was incorporated during the year and has some positive results.

The Medical Records Section acquired a new Lektriever and the office space was renovated during the year. The 1978 medical records are being processed for microfilming. A work/study student at a local college gave this section some additional personnel during the year. The Post Office

continues to handle all residents' funds, postage, petty cash and cash receipts with no problems.

FOOD SERVICE DEPARTMENT

Food Service operates four dining rooms and a canteen with a total of seventeen employees. Morris Village staff are now served at lunch time only in Dining Room f11 along with residents. Food is still transported from Crafts-Farrow State Hospital.

The number of residents meals served was 162,718 at a cost of \$193,634.42. The number of meals served to staff was 9,904 at a cost of \$11,785.76 for a total cost of resident and staff meals for \$205,420.18.

The salaries for canteen operators are now paid from funds generated by canteen sales, rather than from State appropriated funds. In order to generate sufficient revenues, canteen service was expanded to include employees from Bryan Psychiatric Hospital and Crafts-Farrow State Hospital.

Vending machine sales were \$23,653.30; canteen sales were \$79,880.71 totaling \$103,534.01. The average percentage rate of profit was 25.73%.

SUPPLY AND MAINTENANCE SERVICE DEPARTMENT

Emphasis during the year has been placed on improving maintenance methods without increased cost. Engineering has undertaken more preventive maintenance in-house, enabling a savings from contractual agreements.

A great deal of study has gone into saving energy. Solar panels are being considered for the pre-heating of all hot water. The Committee on energy from the Governor's staff completed the report on Morris Village. Some of the recommendations have been put into effect; others are in the process, or need further study.

Medical Records space was expanded. A new records retriever was purchased and installed. Additional furniture was built and all offices were painted throughout by Morris Village Engineering Staff.

In order to provide a function area for the Word Processing Center, the former canteen space was remodeled by Engineering; new furniture and fixtures were built, and the room was carpeted and painted completely by in-house labor.

New floor covering was installed in the nursing department, activities' Social Room and the security offices. An attractive kiosk (information center) was built in center court with bulletin boards placed on three sides. A repository was constructed for the recycling of newspapers. The greenhouse was completely recovered and, due to our solar program, continues to be a source of interest for those considering solar energy to heat greenhouses.

The transportation fleet was upgraded with the purchase of three new vehicles. Two vehicles were acquired to provide transportation for staff on out-of-town trips. One "police package" vehicle was acquired for Security, which can be used for investigatory purposes as well.

WORD PROCESSING DEPARTMENT

To meet the many needs of printed documentation a "Center" has been established for word processing. This separate department not only provides documentation for control of medical records but also correspondence, required reports, and informational communications. Organizationally, Morris Village's Word Processing Center functions as a separate department.

Morris Village is utilizing automatic office equipment as it best meets the needs of this facility. The new layout of the Word Processing Center was designed for maximum utilization and efficiency with all office furniture constructed by the Village engineering department.

The system currently consists of three typing stations, which enable the operators to view the documents for proofing and text manipulation prior to printing the finished copy. Also included is a high speed printer which prints bi-directionally at a speed of 540 words per minute. All dictation is called in by telephone to the center's central dictation unit. By utilizing one's telephone push buttons, all instructions can be given to the dictating recorder from one's own office. An important function of the Word Processing Center is providing weekly and monthly written reports on information regarding departments, individual originators, and transcriptionists. This task is performed with the help of a Management Information System.

The unit consists of three full-time word processing specialists and one supervisor. The quantity and quality of printed documentation and correspondence at Morris Village has increased appreciably. Since the Center began operation on December 17, 1981, it has far surpassed the number of pages of documentation produced by the old system of individual typists located throughout several departments. During the first full month (January, 1982) of operation, the Center produced 279 documents and 624 pages. In June, 1982, the Center produced 1,692 documents, 3,118 pages for a total line count of 130,162.

SPECIAL TREATMENT/EVALUATION PROGRAM ANNUAL REPORT

Acting on the recommendation of a special task force appointed by Executive Committee, a new treatment program was begun at Morris Village in January, 1982. Called the Special Treatment/Evaluation Program (STEP), the program was designed to meet the following needs:

1. A complex interaction of physical, emotional, social, and intellectual factors renders some clients amenable to treatment and others not so, and the Village had needed an environment suitable for proper resident evaluation, staff training and research.
2. Residents whose motivation was questionable at the time of admission have proved disruptive to on-going therapy groups, and these residents' special needs could not be addressed except at the expense of other residents in the existing therapy groups.
3. Residents with special physical, social, emotional, or intellectual needs required a more structured treatment environment and more extensive evaluation for treatment planning than was available.
4. Referral agents who send difficult clients to Morris Village had needed sophisticated evaluation data in order to better plan for the needs of these clients.

As a part of the new program, a pre-admission screening procedure has been developed and implemented. All admissions are now screened by a member of the Medical Staff prior to admission; inappropriate referrals are then directed to a more appropriate treatment facility or general hospital. All admissions are then assessed the morning after admission, and assigned to a standard therapy group/team, or to the STEP unit.

The new unit can accept up to twenty-four clients at any time, and these clients are routinely housed in regular resident cottages; residents with acute physical or emotional crises are housed in the Infirmary. Treatment services are coordinated by an inter-disciplinary treatment team, composed of: The Special Programs Coordinator; a Staff Physician; a Psychologist IV, the Chief of Court Liaison Services; two Social Workers; two Activity Therapists; the Director or Assistant Director of Nursing; a representative from Aftercare Services; students, trainees, and other staff on a rotating basis.

Residents in the new program are involved in group and recreational therapy daily, along with participation in a daily Lecture Series. Medical and Psychological assessments can be conducted quickly, and appropriate treatment or referral implemented smoothly.

As of July 1, 1982, the STEP unit has served three-hundred-and-seventy clients, representing 45.56% of all Adult Morris Village admissions.

STATISTICS

HOSPITAL SERVICES GENERAL STATISTICS FY 1981-1982

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1936	1708	3644
On leave without permission	26	13	39
Total	1962	1721	3683
Admissions during twelve months:			
First admissions	2647	1412	4059
Re-admissions	3146	1537	4683
Transferred in	228	179	407
Total received	6021	3128	9149
Total on books during twelve months	7983	4849	12832
Discharged from books during twelve months	5689	2809	8498
Died during twelve months	182	168	350
Transferred out	228	179	407
Total separated	6099	3156	9255
Patients remaining on books at end of hospital year:			
In hospital(s)	1854	1681	3535
On leave without permission	30	12	42
Total	1884	1693	3577
Daily average in hospital(s)	1914	1736	3650
Regular discharges from LWP	285	79	364
Left without permission	614	208	822
Returns from LWP	297	116	413
Regular discharges	5376	2716	8092
Statistical discharges	28	14	42
Types of admissions:			
Voluntary	1634	652	2286
Medical Certificate, Non-Judicial	11	10	21
Medical Certificate, Emergency	3538	2225	5763
Judicial	41	12	53
Court Order	530	42	572
Order of Governor			
Order of Mental Health Commission			
Other	39	8	47
Total	5793	2949	8742

**SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1981-1982**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	829	531	1360
On leave without permission	21	8	29
Total	850	539	1389
Admissions during twelve months:			
First admissions	810	368	1178
Re-admissions	1112	533	1645
Transferred in	135	56	191
Total received	2057	957	3014
Total on books during twelve months	2907	1496	4403
Discharged from books during twelve months	2062	903	2965
Died during twelve months	27	13	40
Transferred out	32	60	92
Total separated	2121	976	3097
Patients remaining on books at end of hospital year:			
In hospital(s)	765	511	1276
On leave without permission	21	9	30
Total	786	520	1306
Daily average in hospital(s)	811	528	1339
Regular discharges from LWP		1	1
Left without permission	296	119	415
Returns from LWP	275	105	380
Regular discharges	2041	890	2931
Statistical discharges	21	12	33
Types of admissions:			
Voluntary	99	59	158
Medical Certificate, Non-Judicial		1	1
Medical Certificate, Emergency	1248	790	2038
Judicial	8	3	11
Court Order	529	42	571
Order of Governor			
Order of Mental Health Commission			
Other	38	6	44
Total	1922	901	2823

CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1981-1982

Patient Movement	Male	Female	Total
Patients on books of Hospital(s) beginning of hospital year:			
In hospital(s)	682	888	1570
On leave without permission	2	2	4
Total	684	890	1574
Admissions during twelve months:			
First admissions	268	255	523
Re-admissions	173	176	349
Transferred in	27	31	58
Total received	468	462	930
Total on books during twelve months	1152	1352	2504
Discharged from books during twelve months	349	336	685
Died during twelve months	136	133	269
Transferred out	23	10	33
Total separated	508	479	987
Patients remaining on books at end of hospital year:			
In hospital(s)	644	873	1517
On leave without permission			
Total	644	873	1517
Daily average in hospital(s)	669	898	1567
Regular discharges from LWP			
Left without permission		1	1
Returns from LWP		2	2
Regular discharges	347	335	682
Statistical discharges	2	1	3
Types of admissions:			
Voluntary	25	19	44
Medical Certificate, Non-Judicial	1		1
Medical Certificate, Emergency	415	410	825
Judicial		2	2
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	441	431	872

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1981-1982

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	47	52	99
On leave without permission		3	3
Total	47	55	102
Admissions during twelve months:			
First admissions	135	163	298
Re-admissions	132	115	247
Transferred in	28	54	82
Total received	295	332	627
Total on books during twelve months	342	387	729
Discharged from books during twelve months	273	286	559
Died during twelve months	3	3	6
Transferred out	28	32	60
Total separated	304	321	625
Patients remaining on books at end of hospital year:			
In hospital(s)	37	65	102
On leave without permission	1	1	2
Total	38	66	104
Daily average in hospital(s)	42	70	112
Regular discharges from LWP	2	6	8
Left without permission	4	9	13
Returns from LWP	1	4	5
Regular discharges	271	279	550
Statistical discharges		1	1
Types of admissions:			
Voluntary	199	227	426
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency	65	49	114
Judicial	2		2
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other	1	2	3
Total	267	278	545

C.M. TUCKER, JR. HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1981-1982

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	155	133	288
On leave without permission			
Total	155	133	288
Admissions during twelve months:			
First admissions	26	1	27
Re-admissions	46	1	47
Transferred in	31	26	57
Total received	103	28	131
Total on books during twelve months	258	161	419
Discharged from books during twelve months	75	4	79
Died during twelve months	14	16	30
Transferred out	8	4	12
Total separated	97	24	121
Patients remaining on books at end of hospital year:			
In hospital(s)	161	137	298
On leave without permission			
Total	161	137	298
Daily average in hospital(s)	158	137	295
Regular discharges from LWP			
Left without permission			
Returns from LWP			
Regular discharges	75	4	79
Statistical discharges			
Types of admissions:			
Voluntary	72	2	74
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency			
Judicial			
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	72	2	74

G. WERBER BRYAN PSYCHIATRIC HOSPITAL
GENERAL STATISTICS
FY 1981-1982

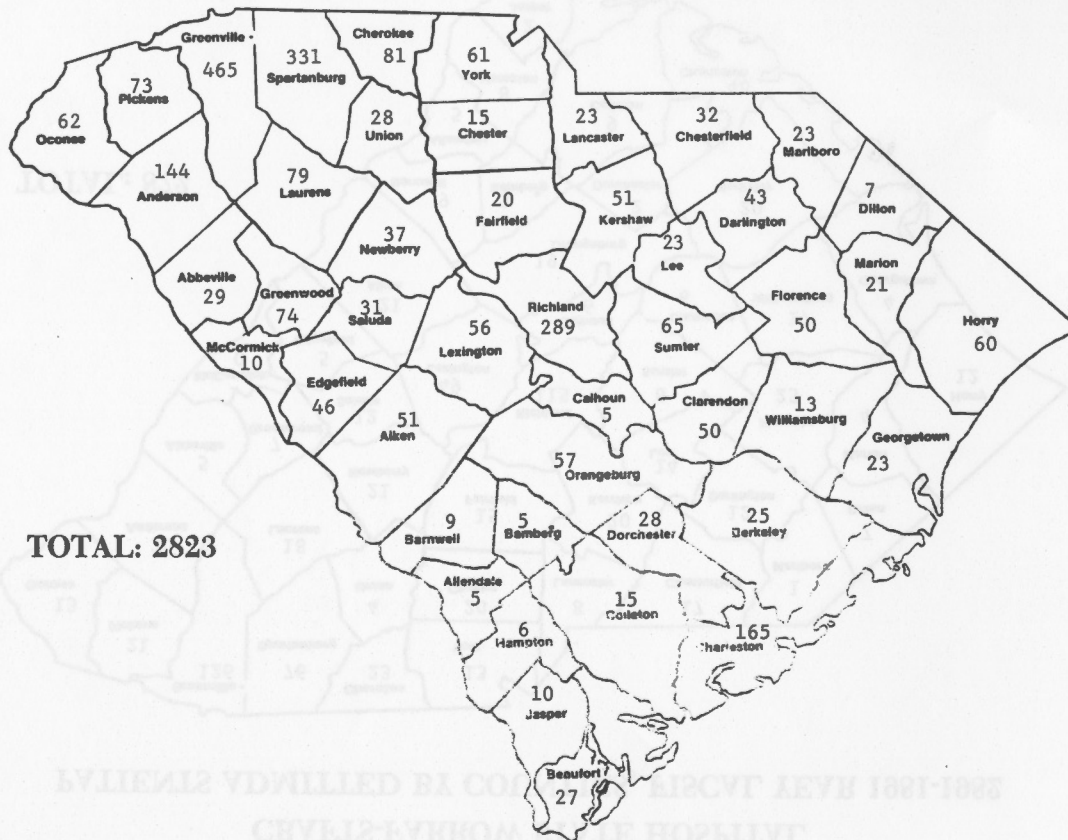
Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	125	77	202
On leave without permission	3		3
Total	128	77	205
Admissions during twelve months:			
First admissions	709	447	1156
Re-admissions	1194	608	1802
Transferred in	7	12	19
Total received	1910	1067	2977
Total on books during twelve months	2038	1144	3182
Discharged from books during twelve months	1763	995	2758
Died during twelve months	1	3	4
Transferred out	137	73	210
Total separated	1901	1071	2972
Patients remaining on books at end of hospital year:			
In hospital(s)	134	73	207
On leave without permission	3		3
Total	137	73	210
Daily average in hospital(s)	129	78	207
Regular discharges from LWP	1		1
Left without permission	21	3	24
Returns from LWP	16	3	19
Regular discharges	1758	995	2753
Statistical discharges	4		4
Types of admissions:			
Voluntary	61	70	131
Medical Certificate, Non-Judicial	1	2	3
Medical Certificate, Emergency	1810	976	2786
Judicial	31	7	38
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	1903	1055	2958

MORRIS VILLAGE ADDICTION CENTER
GENERAL STATISTICS
FY 1981-1982

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	98	27	125
On leave without permission			
Total	98	27	125
Admissions during twelve months:			
First admissions	699	178	877
Re-admissions	489	104	593
Transferred in			
Total received	1188	282	1470
Total on books during twelve months	1286	309	1595
Discharged from books during twelve months	1167	285	1452
Died during twelve months	1		1
Transferred out			
Total separated	1168	285	1453
Patients remaining on books at end of hospital year:			
In hospital(s)	113	22	135
On leave without permission	5	2	7
Total	118	24	142
Daily average in hospital(s)	105	25	130
Regular discharges from LWP	282	72	354
Left without permission	293	76	369
Returns from LWP	5	2	7
Regular discharges	884	213	1097
Statistical discharges	1		1
Types of admissions:			
Voluntary	1178	275	1453
Medical Certificate, Non-Judicial	9	7	16
Medical Certificate, Emergency			
Judicial			
Court Order	1		1
Order of Governor			
Order of Mental Health Commission			
Other			
Total	1188	282	1470

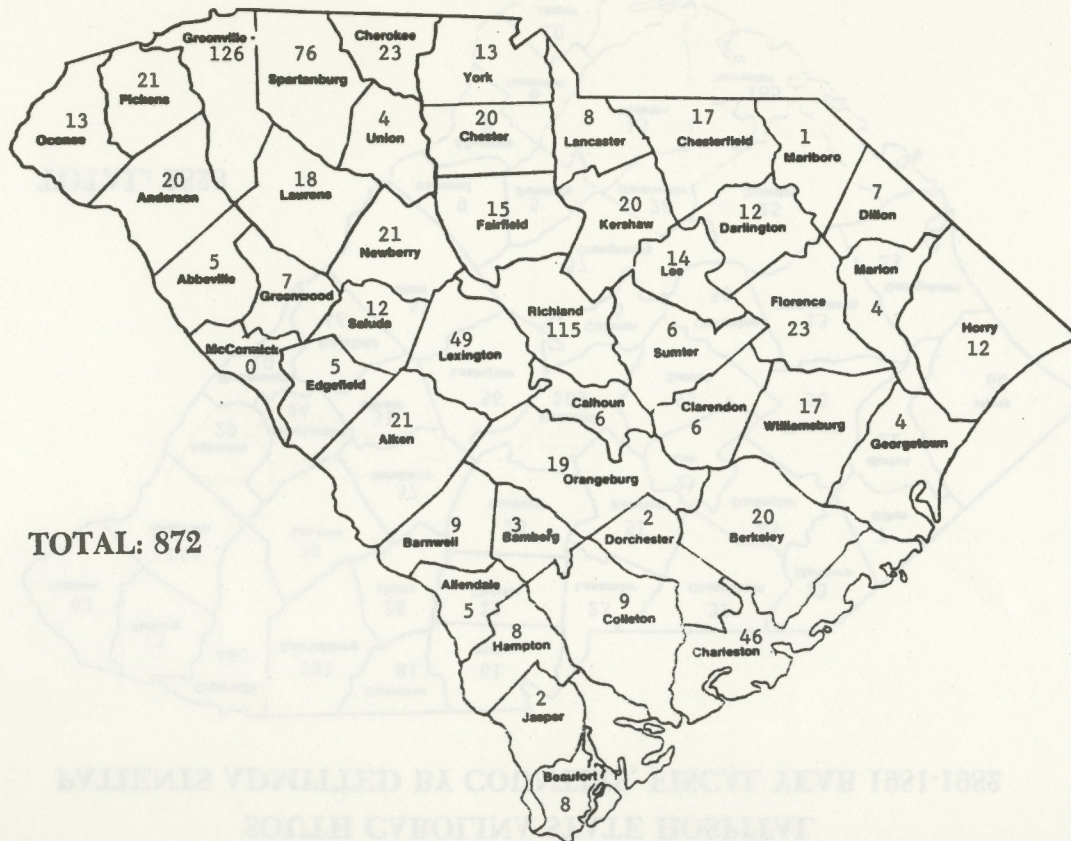
SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982



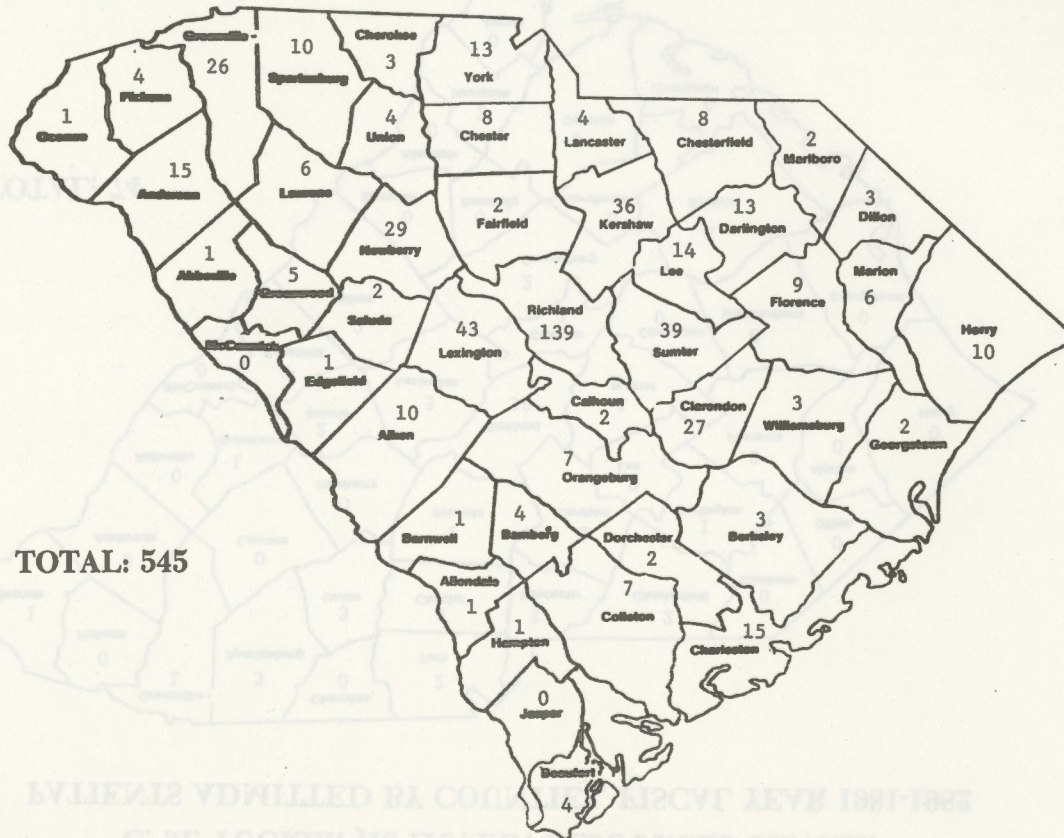
CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982

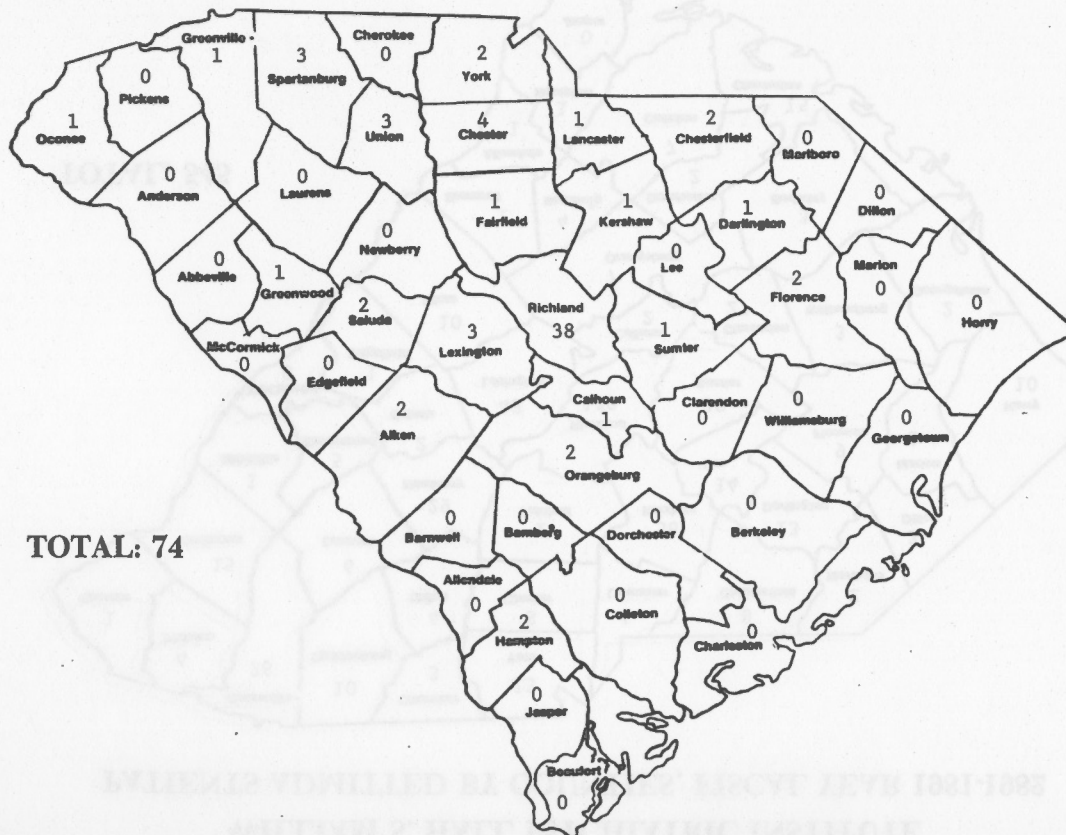


WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982

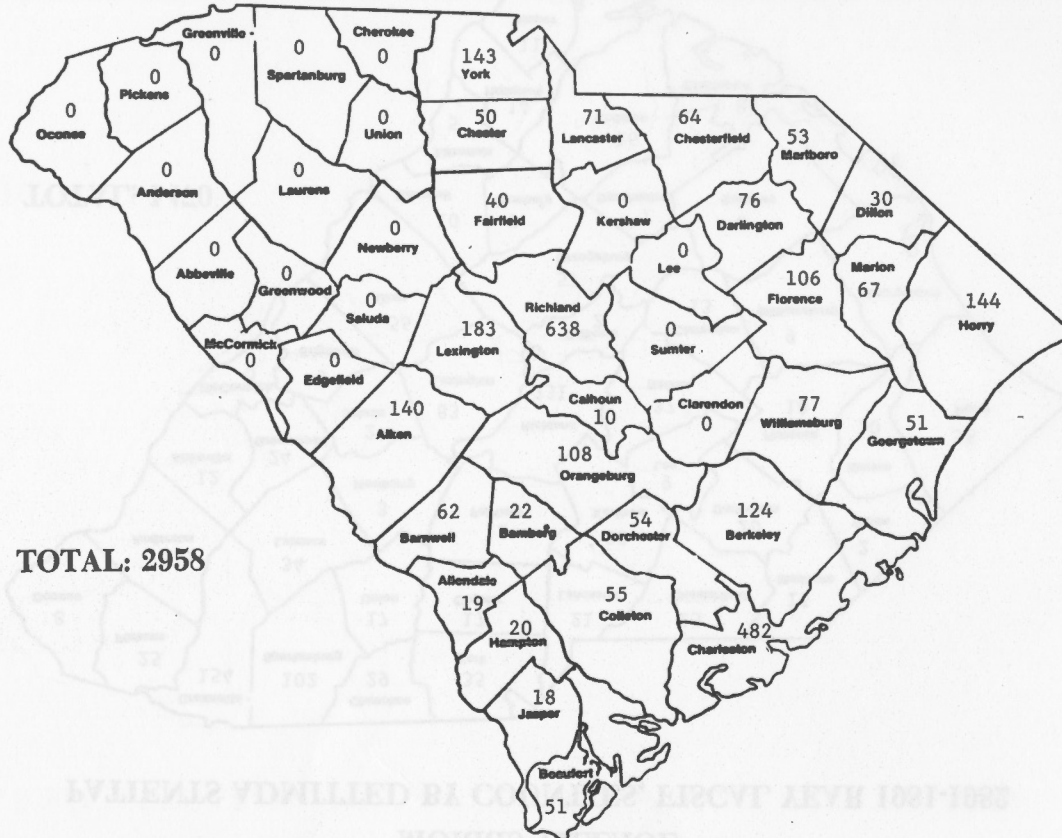


C. M. TUCKER JR. HUMAN RESOURCES CENTER
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982



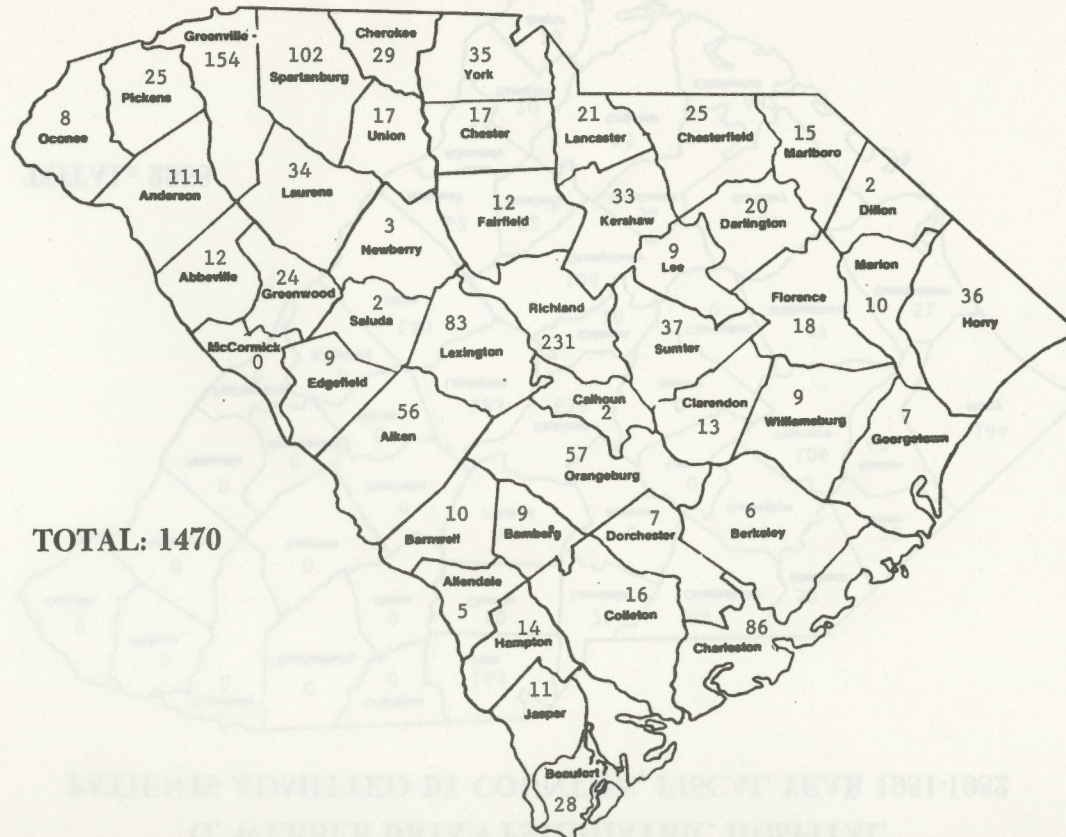
G. WERBER BRYAN PSYCHIATRIC HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982

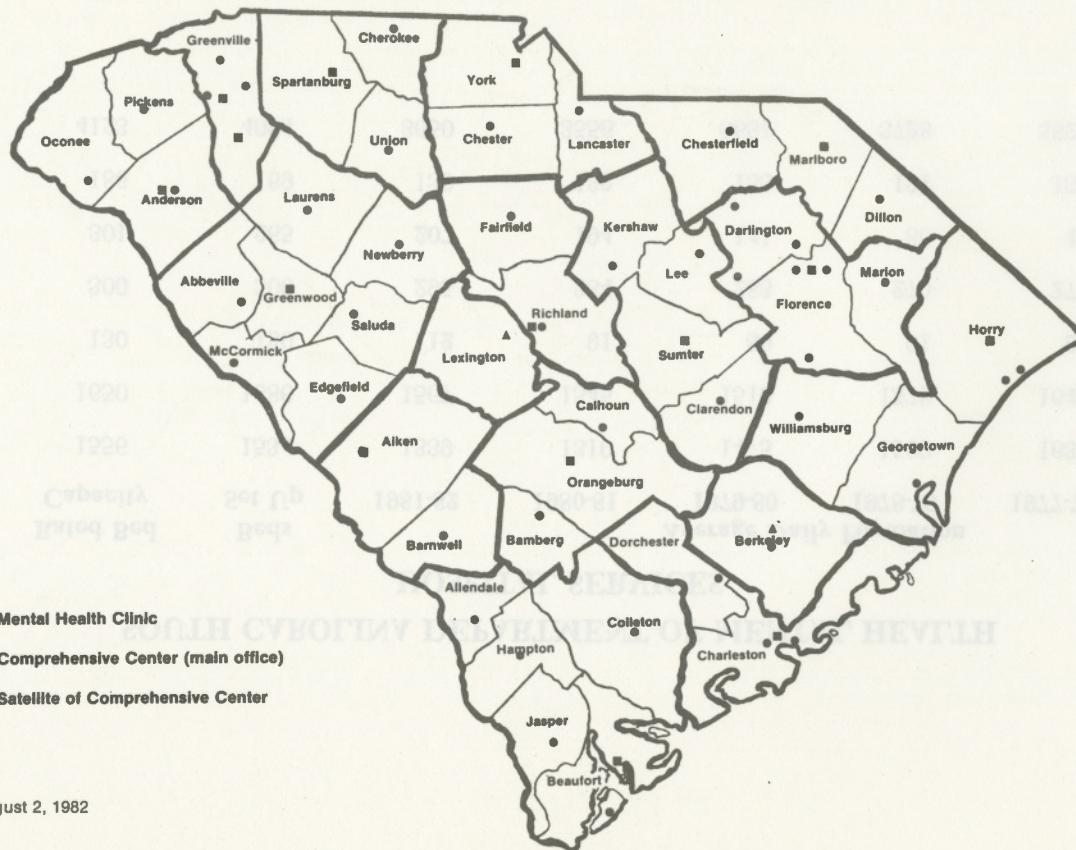


MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1981-1982



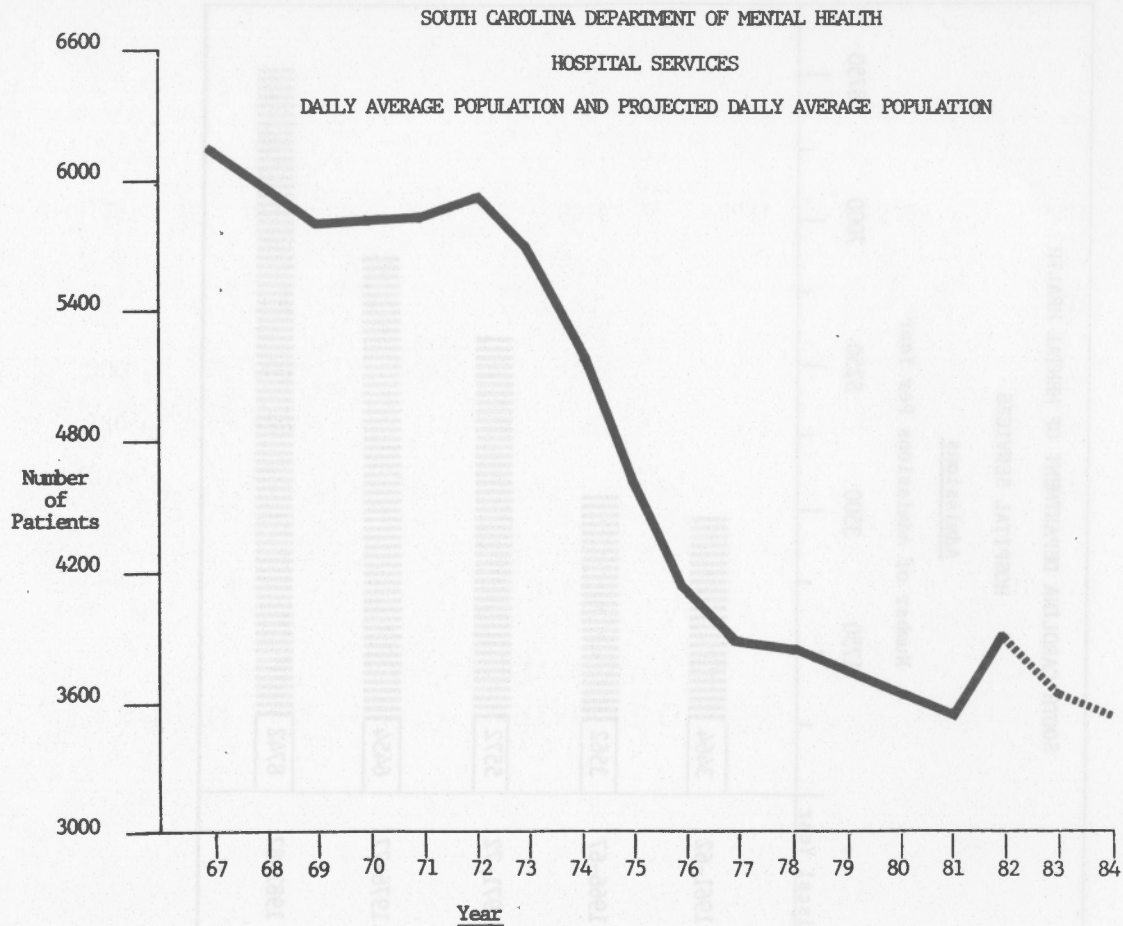
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH DIVISION OF COMMUNITY MENTAL HEALTH SERVICES



August 2, 1982

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH **HOSPITAL SERVICES**

Facility	Rated Bed Capacity	Beds Set Up	Average Daily Population				1977-78	1976-77
			1981-82	1980-81	1979-80	1978-79		
SCSH	1556	1534	1339	1310	1475	1569	1638	1688
CFSH	1650	1686	1567	1545	1510	1578	1643	1692
WSHPI	130	130	112	91	89	91	94	96
THRC	300	300	295	284	283	279	273	267
BPH	301	265	207	194	141	80	42	
MV	186	169	130	132	133	131	131	140
TOTAL	4123	4084	3650	3556	3631	3728	3821	3883



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Admissions

Number of Admissions Per Year

1750 3500 5250 7000 8750

Fiscal Year

1961-62

3464

1966-67

3562

1971-72

5572

1976-77

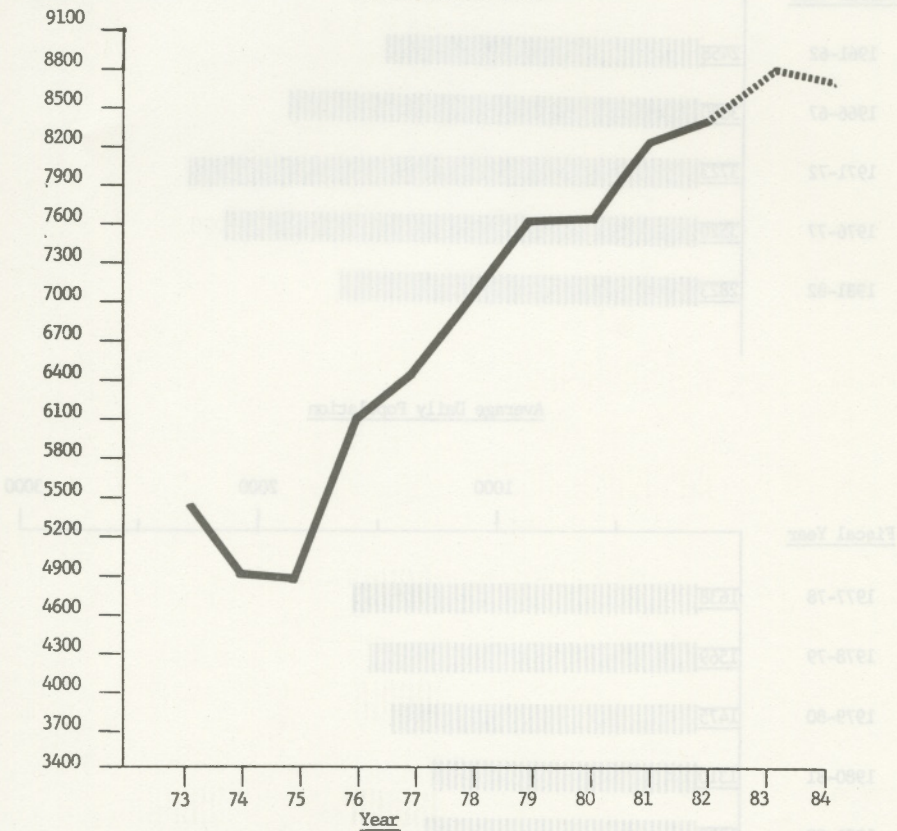
6454

1981-82

8742

Department of Mental Health Hospital Services

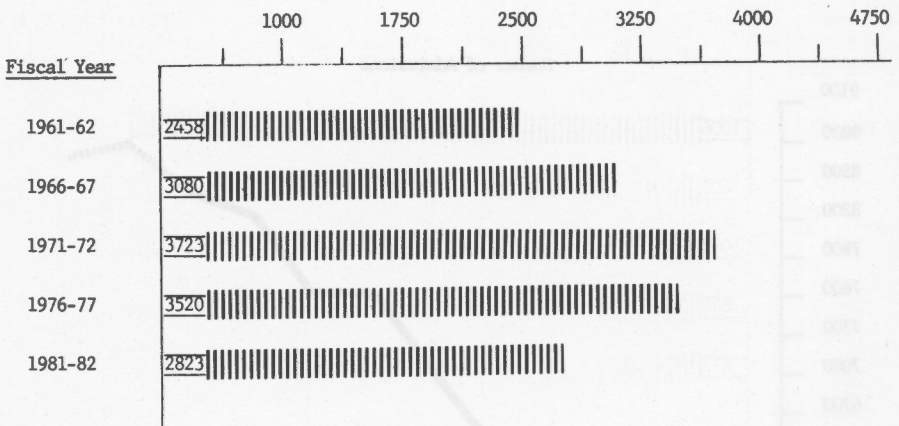
Number of Admissions



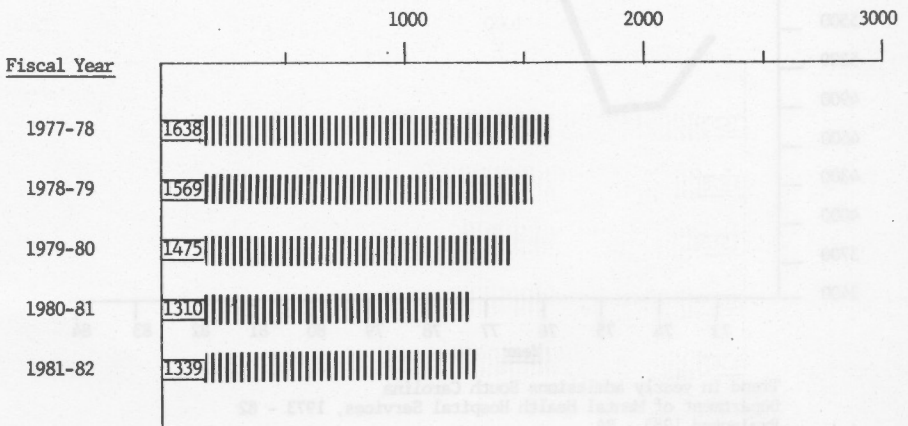
Trend in yearly admissions South Carolina
 Department of Mental Health Hospital Services, 1973 - 82
 Projected 1983 - 84

SOUTH CAROLINA STATE HOSPITAL

Admissions

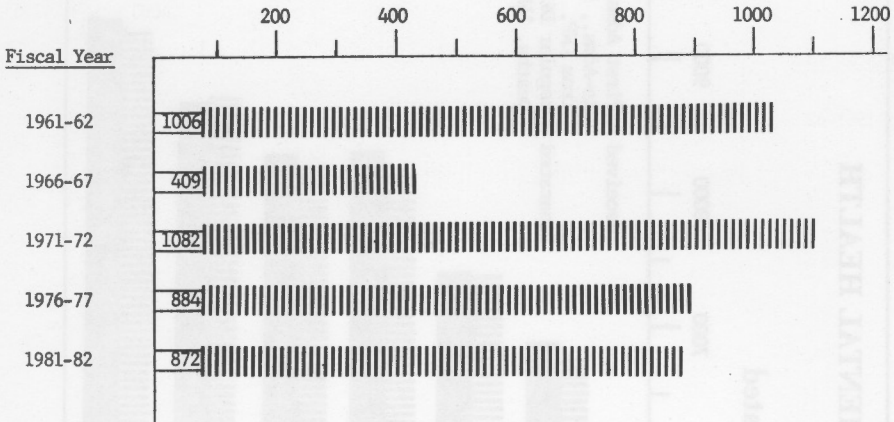


Average Daily Population

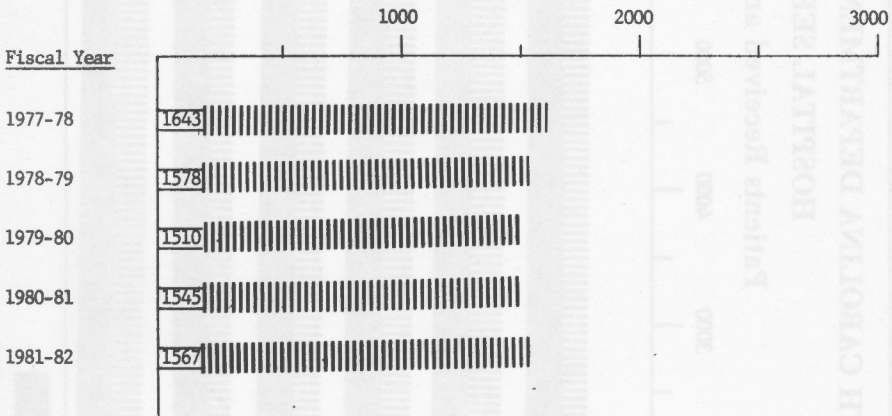


CRAFTS-FARROW STATE HOSPITAL

Admissions

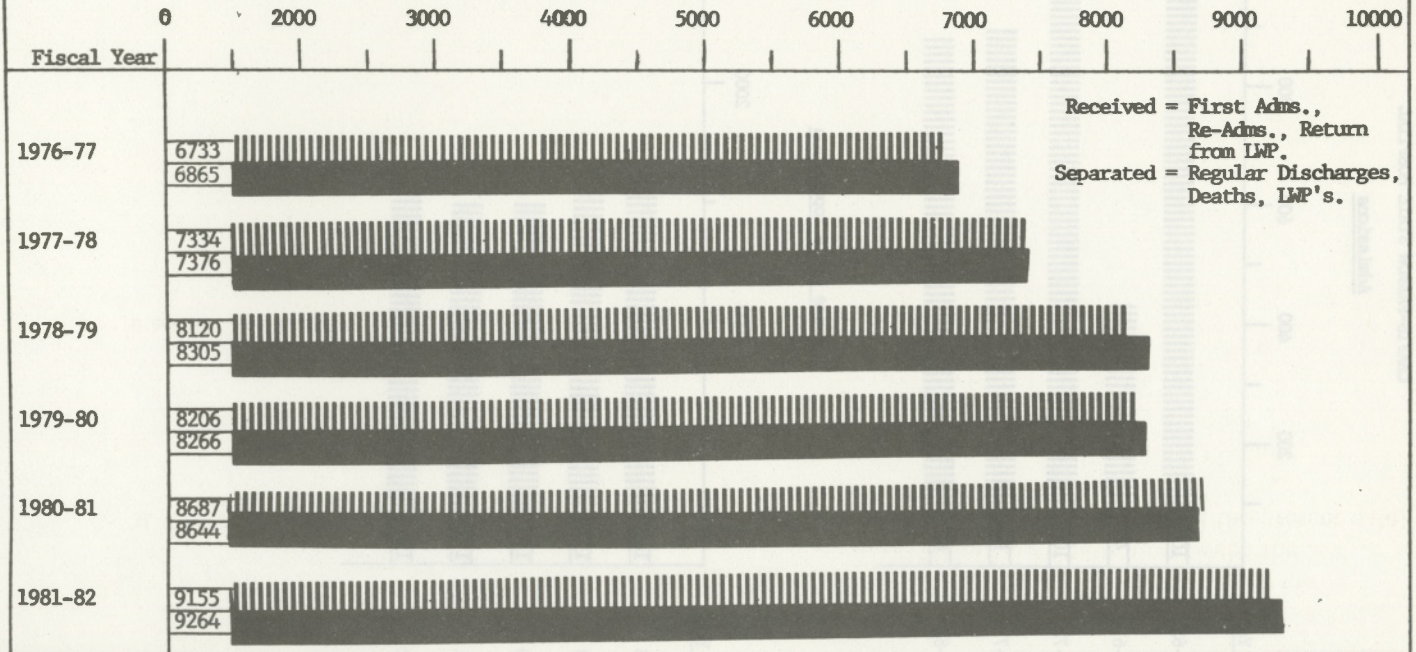


Average Daily Population



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

Patients Received and Separated



LEGEND:



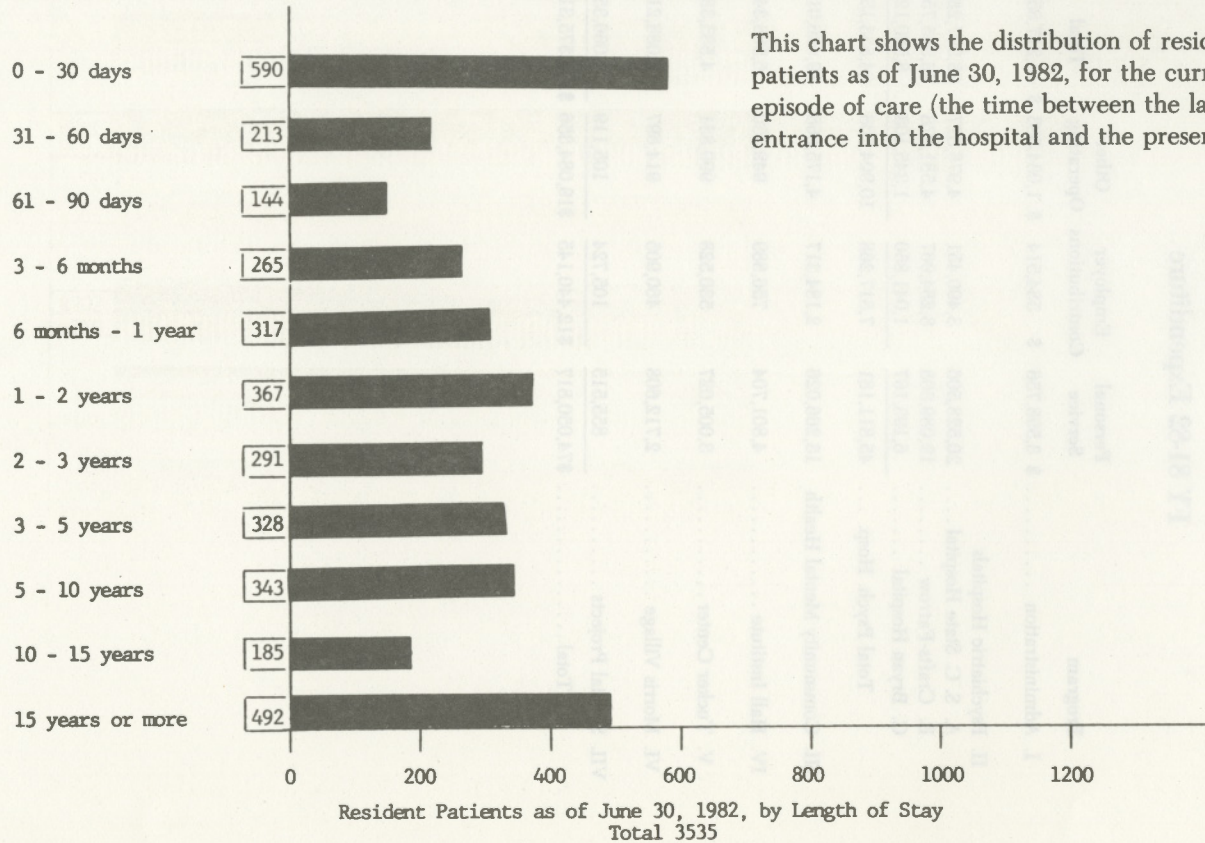
Received



Separated

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina
FY 81-82 Expenditure

Program	Personal Service	Employer Contributions	Other Operating	Total
I. Administration	\$ 3,598,756	\$ 584,514	\$ 1,034,583	\$ 5,217,853
II. Psychiatric Hospitals				
A. S. C. State Hospital	20,528,506	3,490,451	4,978,327	28,997,284
B. Crafts-Farrow	19,089,508	3,284,967	4,581,278	26,955,753
C. Bryan Hospital	6,193,167	1,041,850	1,345,103	8,580,120
Total Psych. Hosp. ...	45,811,181	7,817,268	10,904,708	64,533,157
III. Community Mental Health	13,266,026	2,184,317	4,175,668	19,626,011
IV. Hall Institute	4,801,704	756,889	949,750	6,508,343
V. Tucker Center	3,005,027	530,528	999,831	4,535,386
VI. Morris Village	2,712,608	460,905	914,697	4,088,210
VII. Special Projects	855,515	105,724	105,119	1,066,358
Total	\$74,050,817	\$12,440,145	\$19,084,356	\$105,575,318

